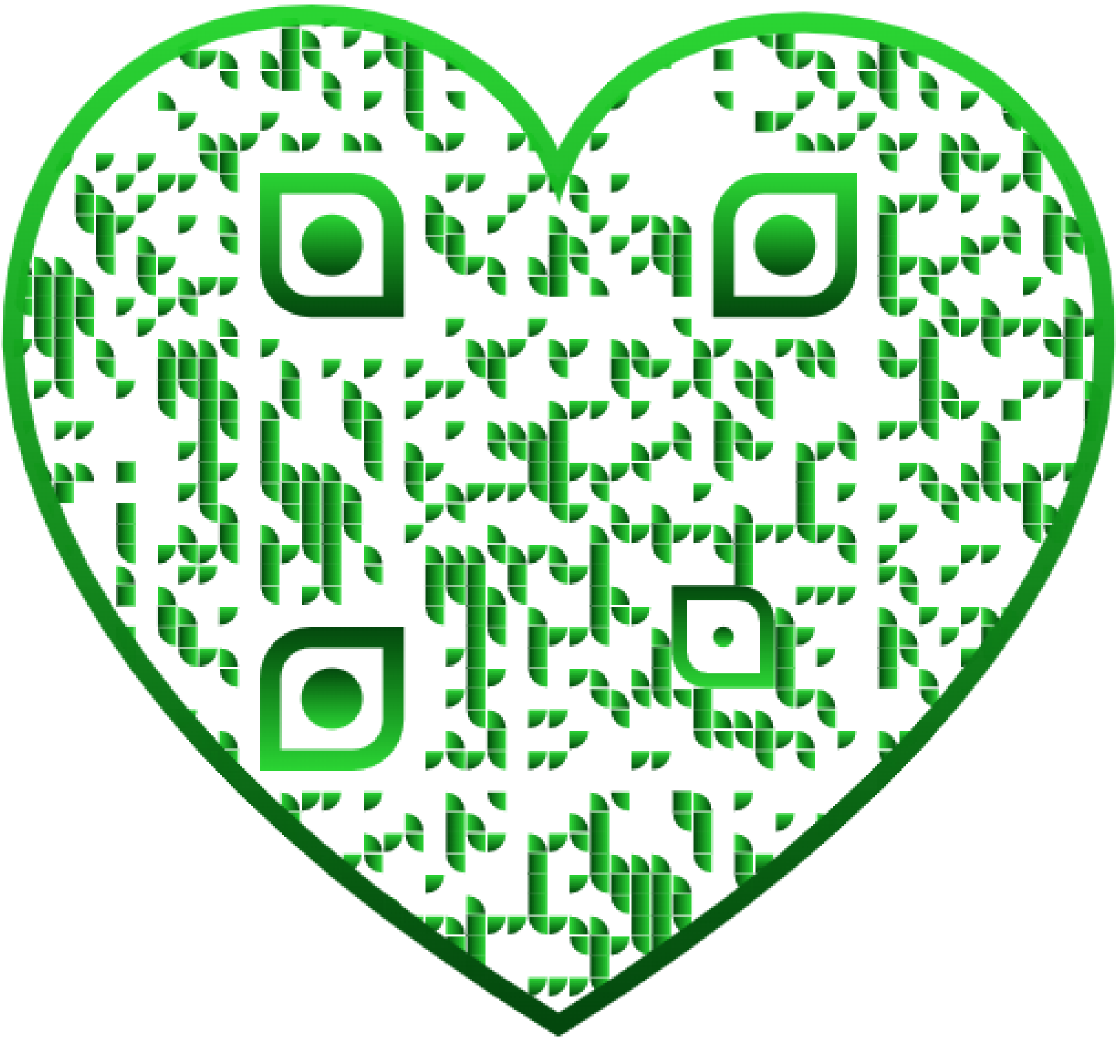
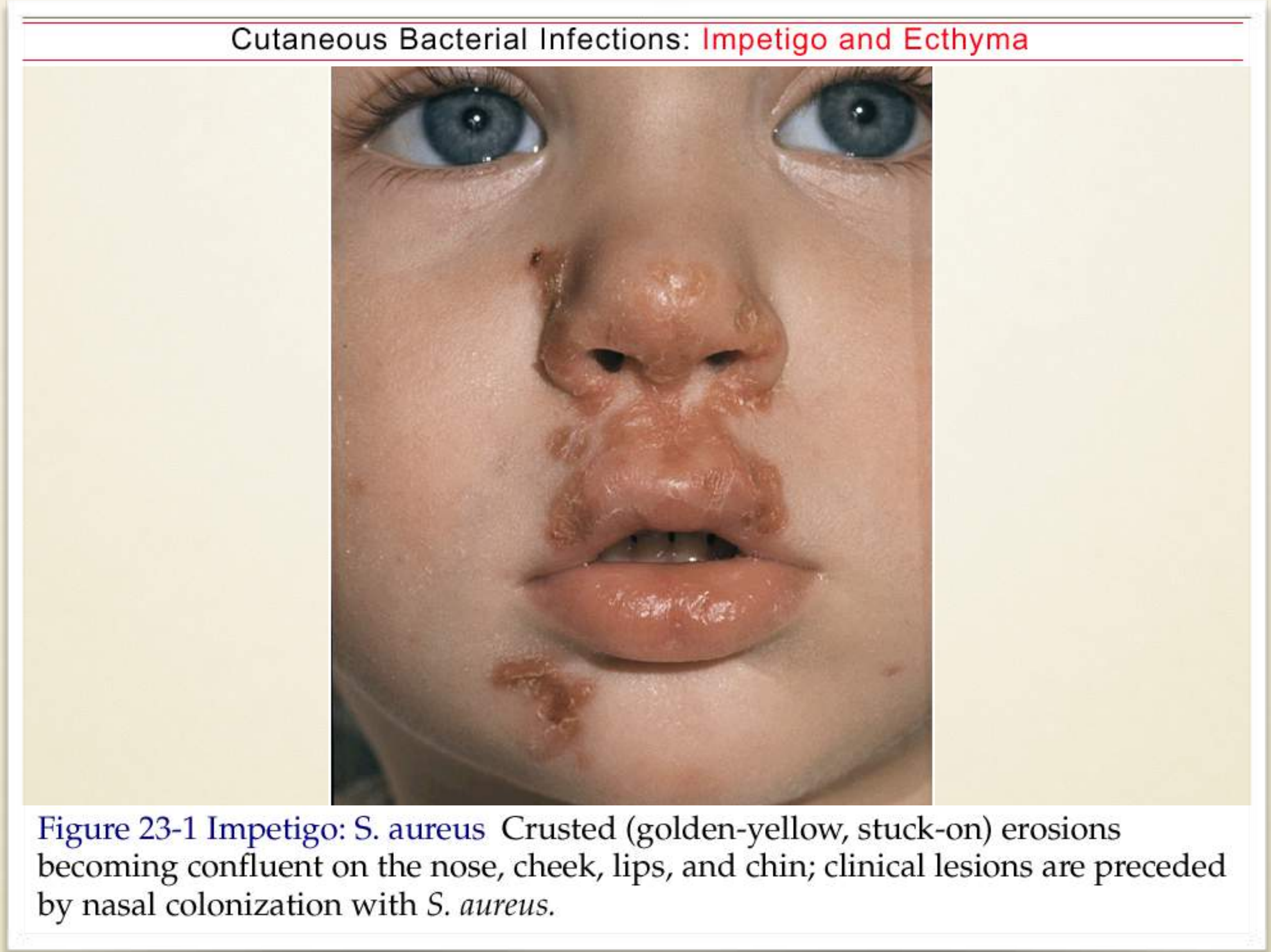
Dermatology Images:

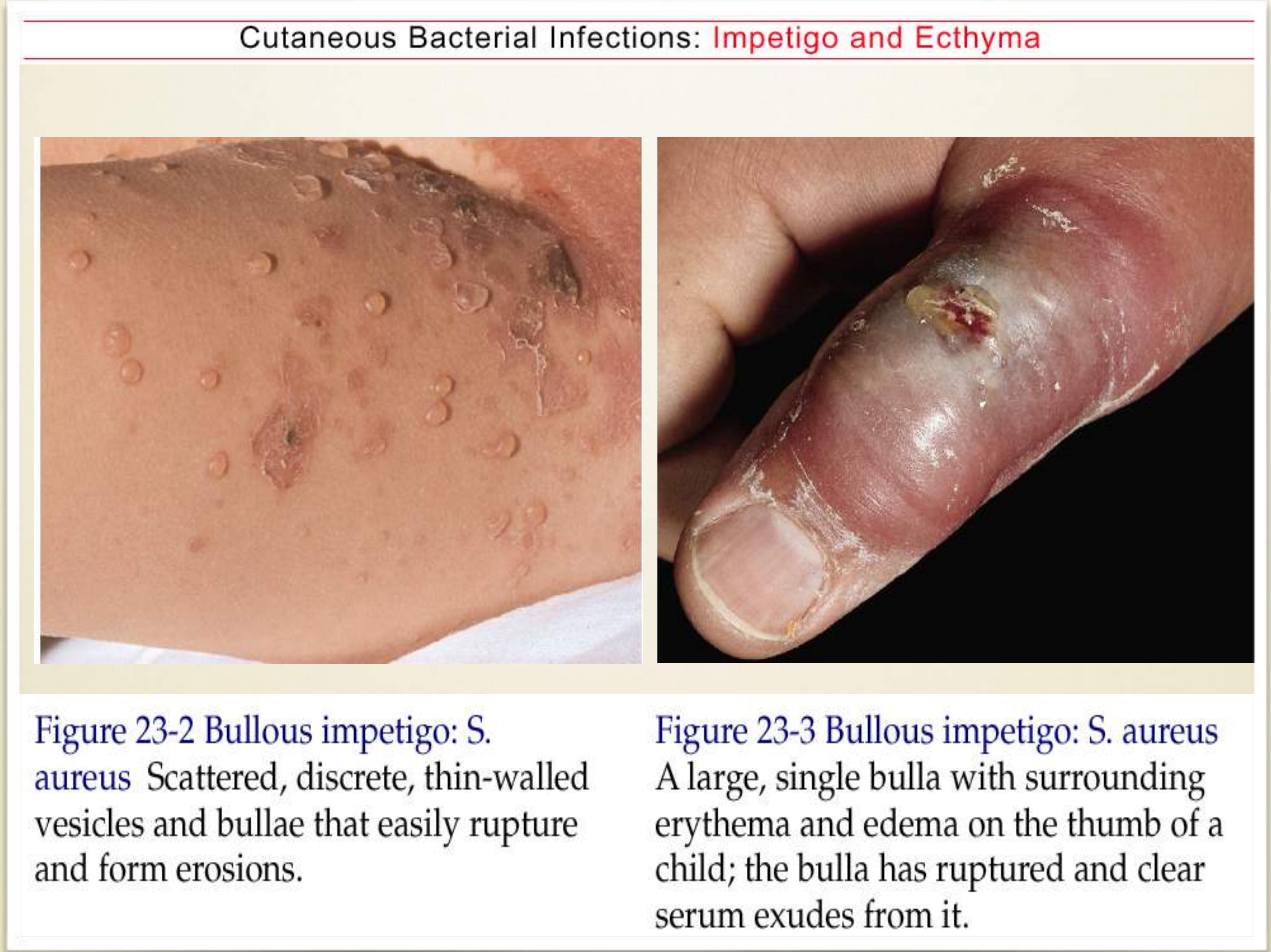


Various Bacterial Infections:



Cutaneous Bacterial Infections: Impetigo and Ecthyma

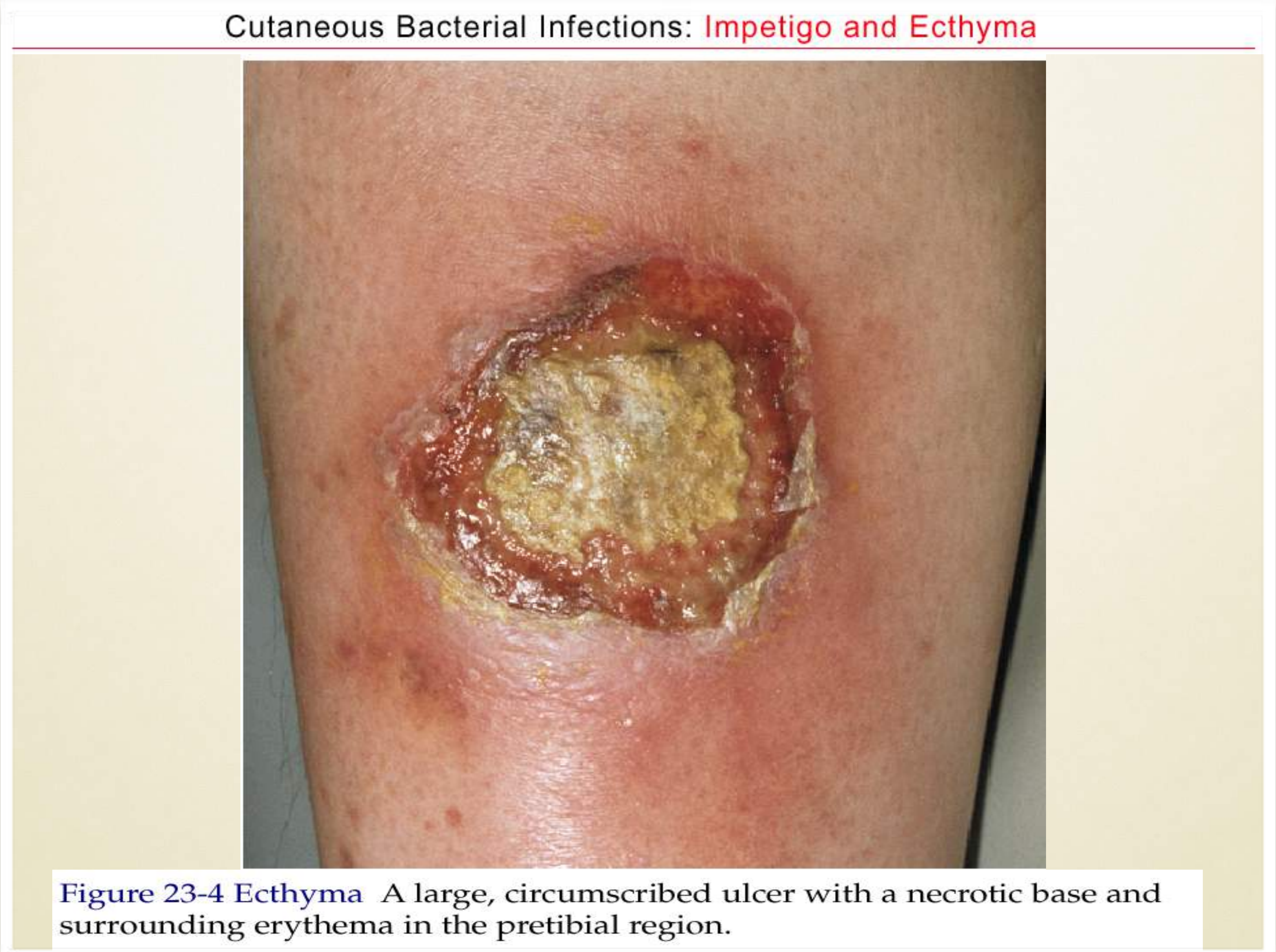
Figure 23-1 Impetigo: S. aureus Crusted (golden-yellow, stuck-on) erosions becoming confluent on the nose, cheek, lips, and chin; clinical lesions are preceded by nasal colonization with *S. aureus.*



Cutaneous Bacterial Infections: Impetigo and Ecthyma

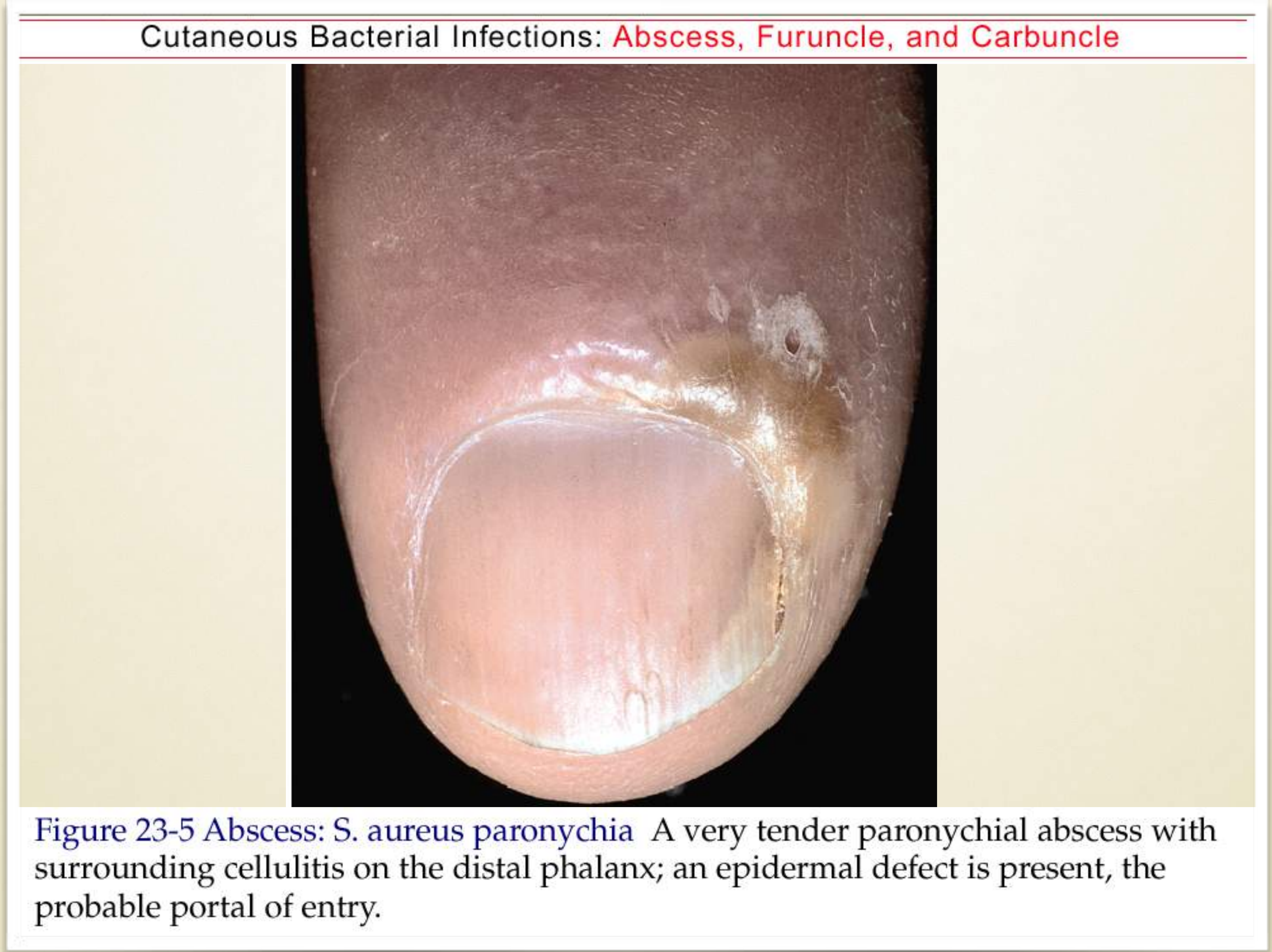
Figure 23-2 Bullous impetigo: S. aureus Scattered, discrete, thin-walled vesicles and bullae that easily rupture and form erosions.

Figure 23-3 Bullous impetigo: S. aureus A large, single bulla with surrounding erythema and edema on the thumb of a child; the bulla has ruptured and clear serum exudes from it.



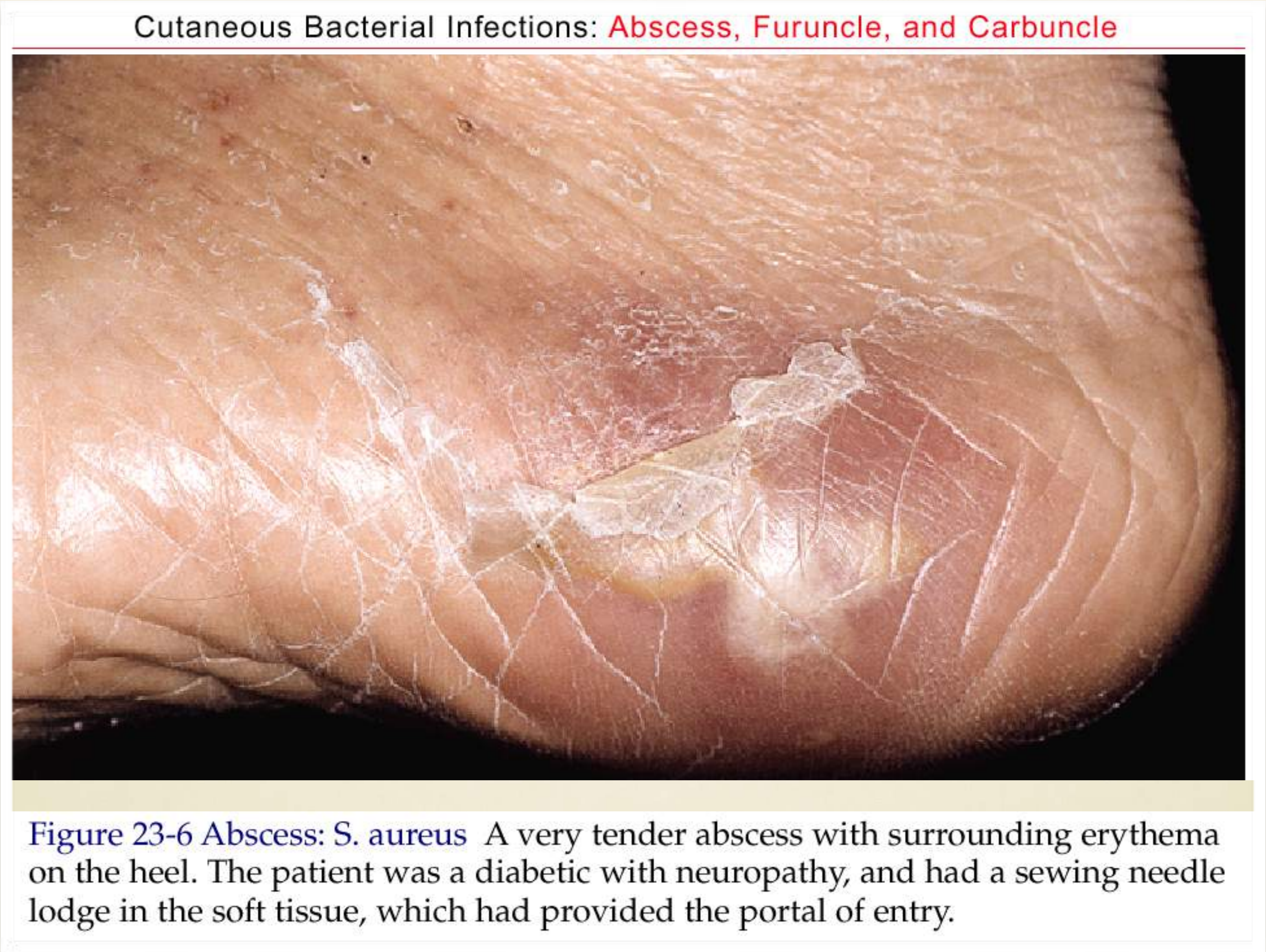
Cutaneous Bacterial Infections: Impetigo and Ecthyma

Figure 23-4 Ecthyma A large, circumscribed ulcer with a necrotic base and surrounding erythema in the pretibial region.



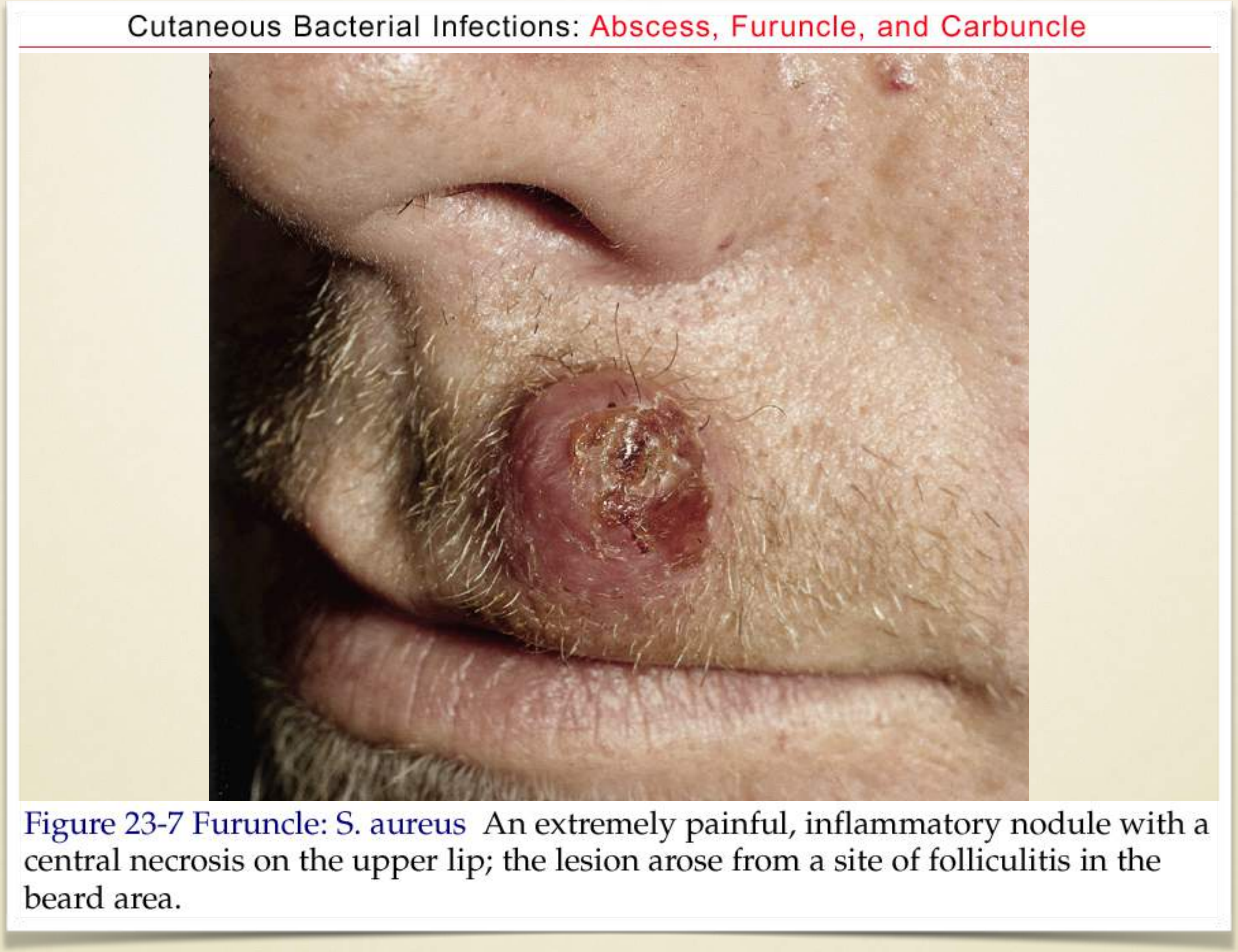
Cutaneous Bacterial Infections: Abscess, Furuncle, and Carbuncle

Figure 23-5 Abscess: S. aureus paronychia A very tender paronychial abscess with surrounding cellulitis on the distal phalanx; an epidermal defect is present, the probable portal of entry.



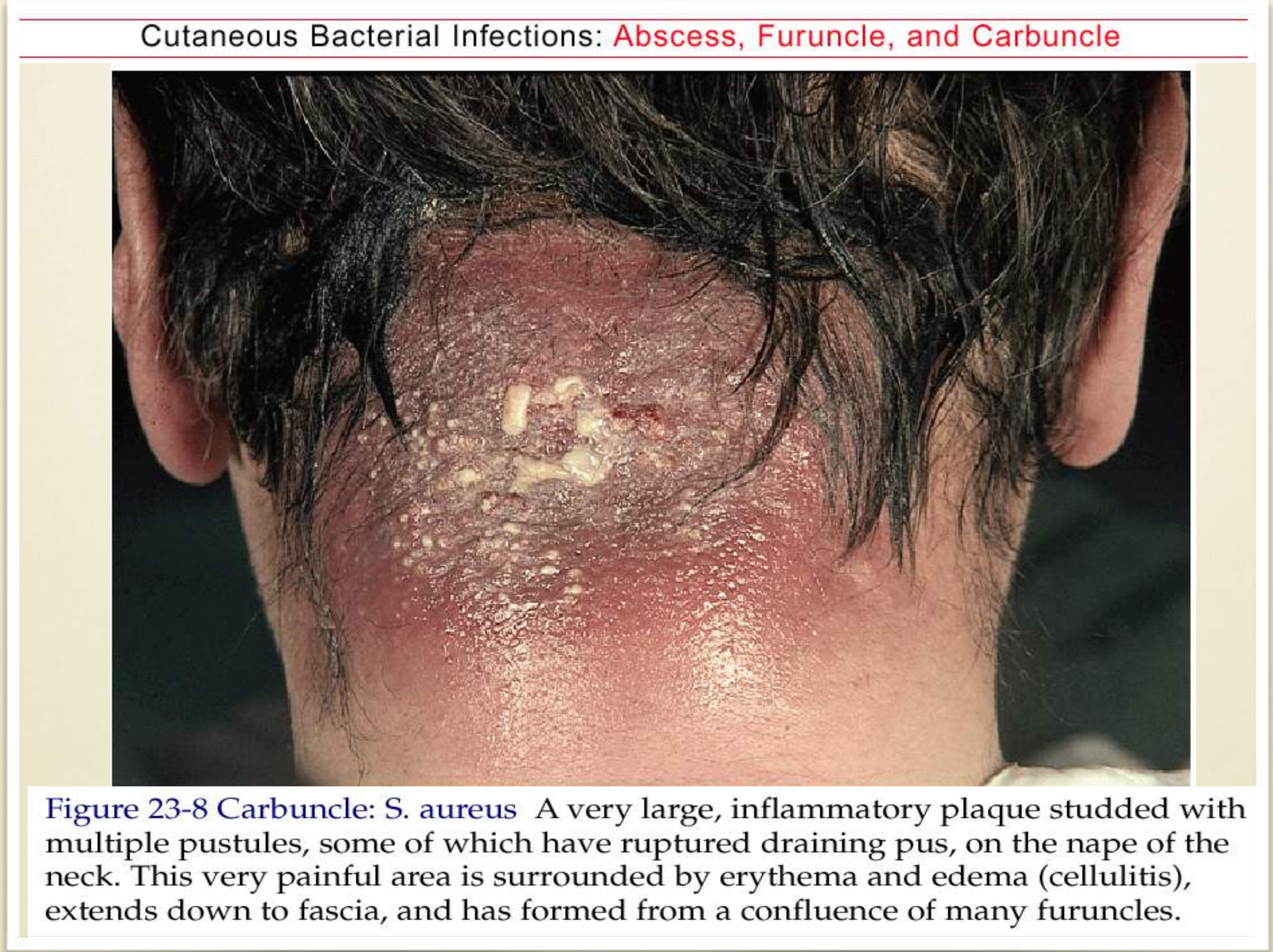
Cutaneous Bacterial Infections: Abscess, Furuncle, and Carbuncle

Figure 23-6 Abscess: S. aureus A very tender abscess with surrounding erythema on the heel. The patient was a diabetic with neuropathy, and had a sewing needle lodge in the soft tissue, which had provided the portal of entry.



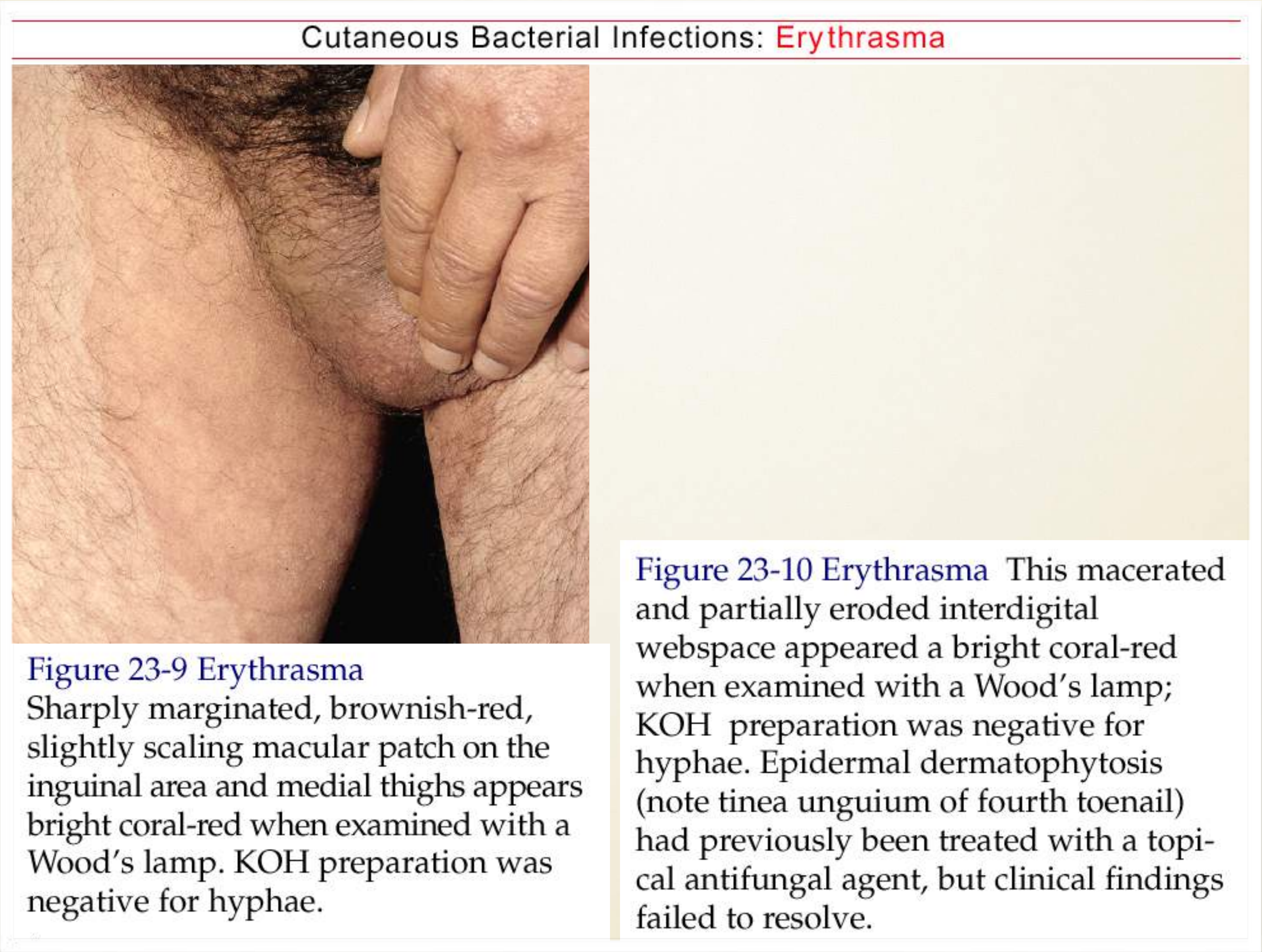
Cutaneous Bacterial Infections: Abscess, Furuncle, and Carbuncle

Figure 23-7 Furuncle: S. aureus An extremely painful, inflammatory nodule with a central necrosis on the upper lip; the lesion arose from a site of folliculitis in the beard area.



Cutaneous Bacterial Infections: Abscess, Furuncle, and Carbuncle

Figure 23-8 Carbuncle: S. aureus A very large, inflammatory plaque studded with multiple pustules, some of which have ruptured draining pus, on the nape of the neck. This very painful area is surrounded by erythema and edema (cellulitis), extends down to fascia, and has formed from a confluence of many furuncles.

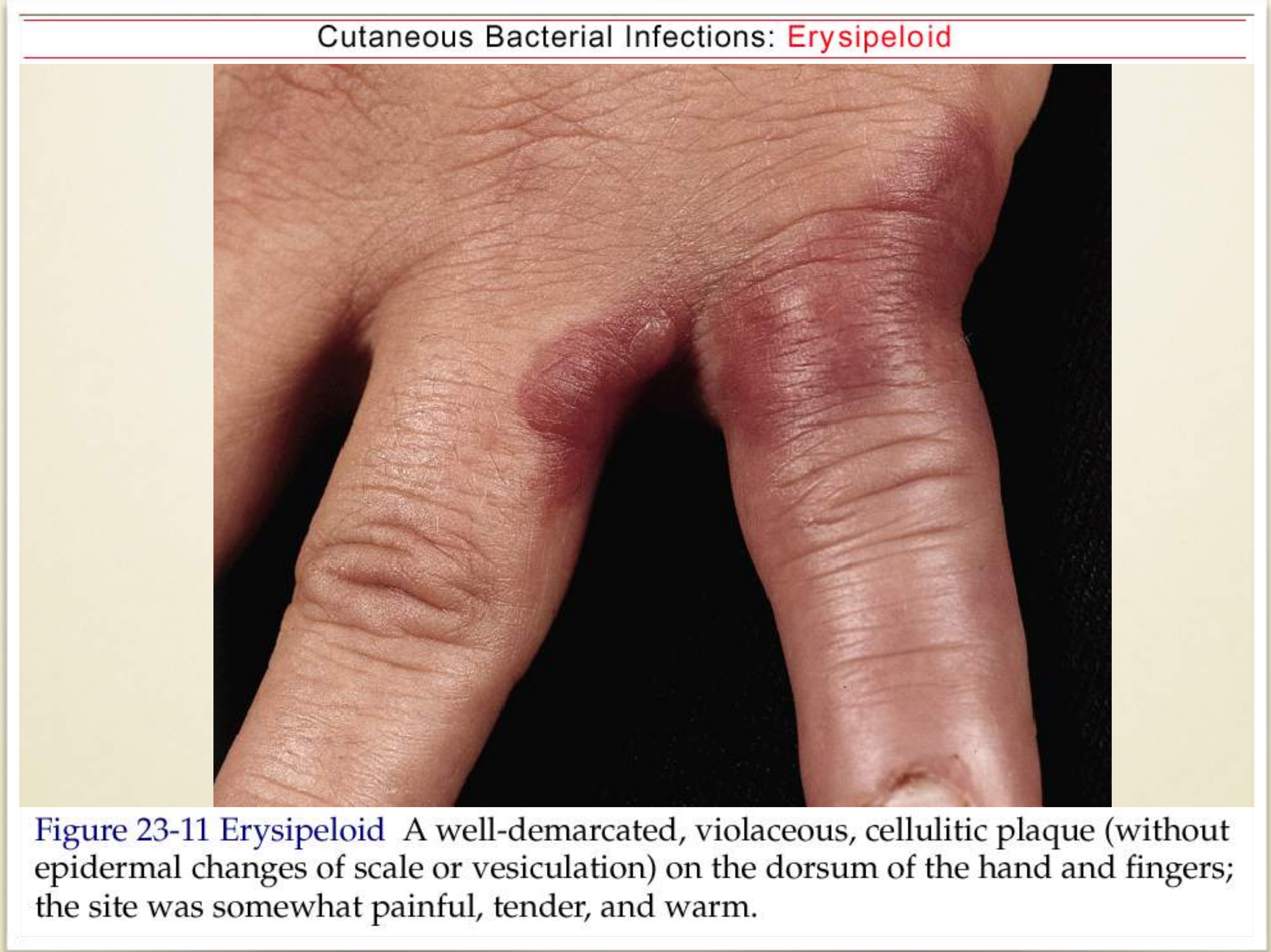


Cutaneous Bacterial Infections: Erythrasma

Figure 23-9 Erythrasma Sharply marginated, brownish-red, slightly scaling macular patch on the inguinal area and medial thighs appears bright coral-red when examined with a Wood's lamp. KOH preparation was negative for hyphae.

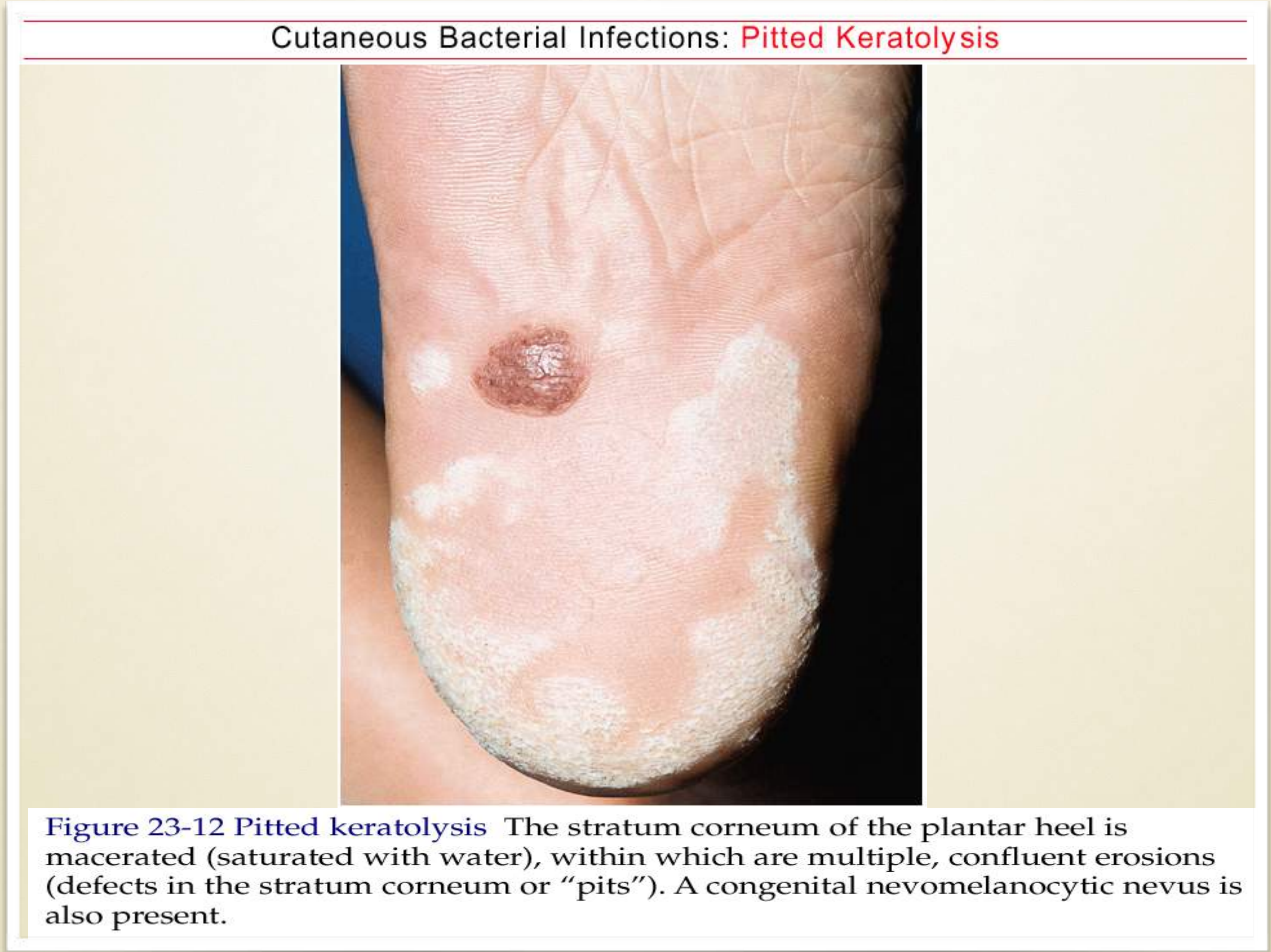
Figure 23-10 Erythrasma This macerated and partially eroded interdigital webspace appeared a bright coral-red when examined with a Wood's lamp; KOH preparation was negative for hyphae. Epidermal dermatophytosis (note tinea unguium of fourth toenail) had previously been treated with a topical antifungal agent, but clinical findings failed to resolve.

Erythrasma is a superficial skin infection that causes brown, scaly skin patches. It is caused by Corynebacterium minutissimum bacteria, a normal part of skin flora (the microorganisms that are normally present on the skin). There are two types of **erythrasma**: generalized and interdigital.



Cutaneous Bacterial Infections: Erysipeloid

Figure 23-11 Erysipeloid A well-demarcated, violaceous, cellulitic plaque (without epidermal changes of scale or vesiculation) on the dorsum of the hand and fingers; the site was somewhat painful, tender, and warm.

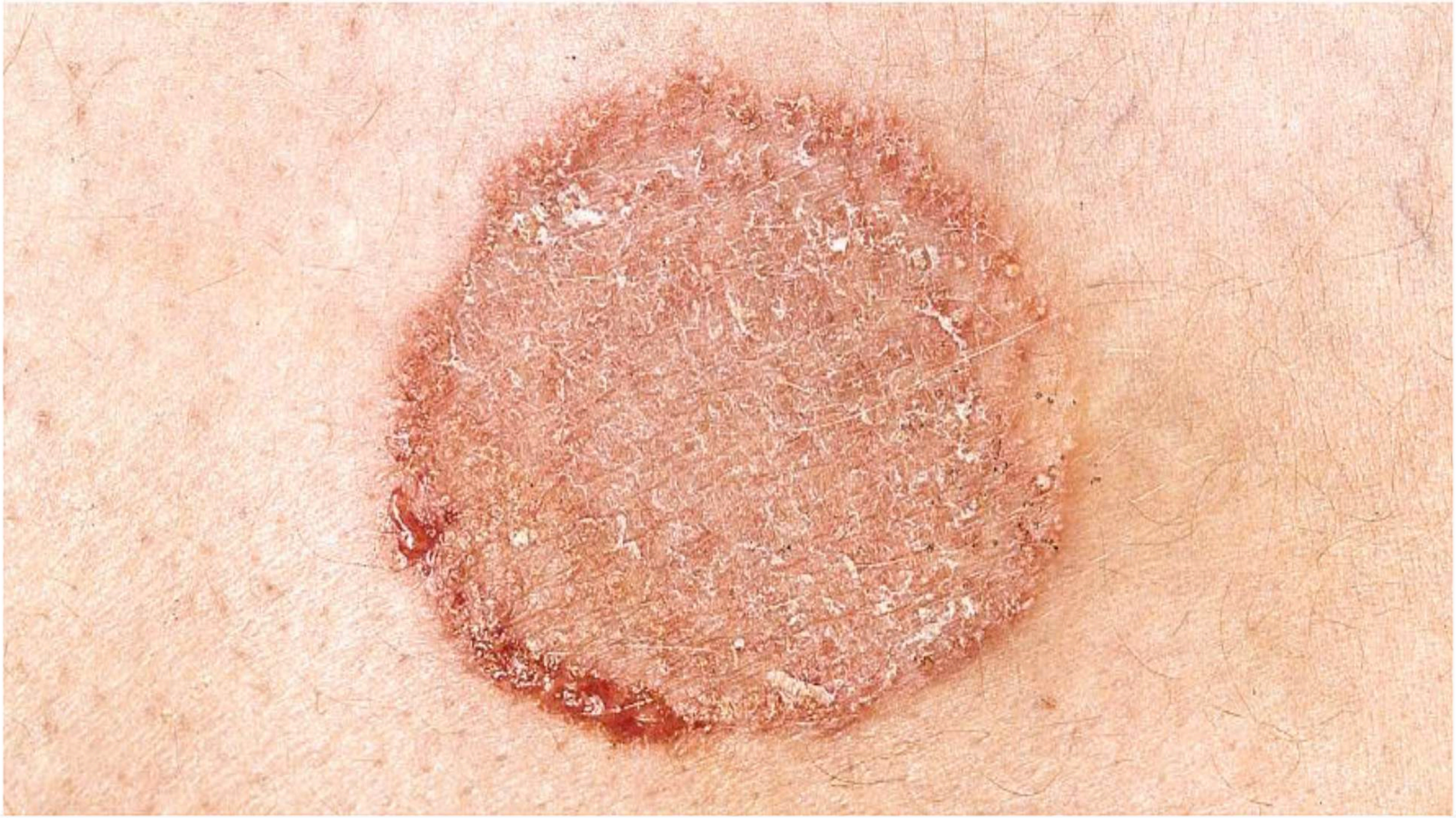


Cutaneous Bacterial Infections: Pitted Keratolysis

Figure 23-12 Pitted keratolysis The stratum corneum of the plantar heel is macerated (saturated with water), within which are multiple, confluent erosions (defects in the stratum corneum or "pits"). A congenital nevomelanocytic nevus is also present.

Various Fungal infections:

Cutaneous Fungal Infections: Dermatophytoses



Cutaneous Fungal Infections: Dermatophytoses

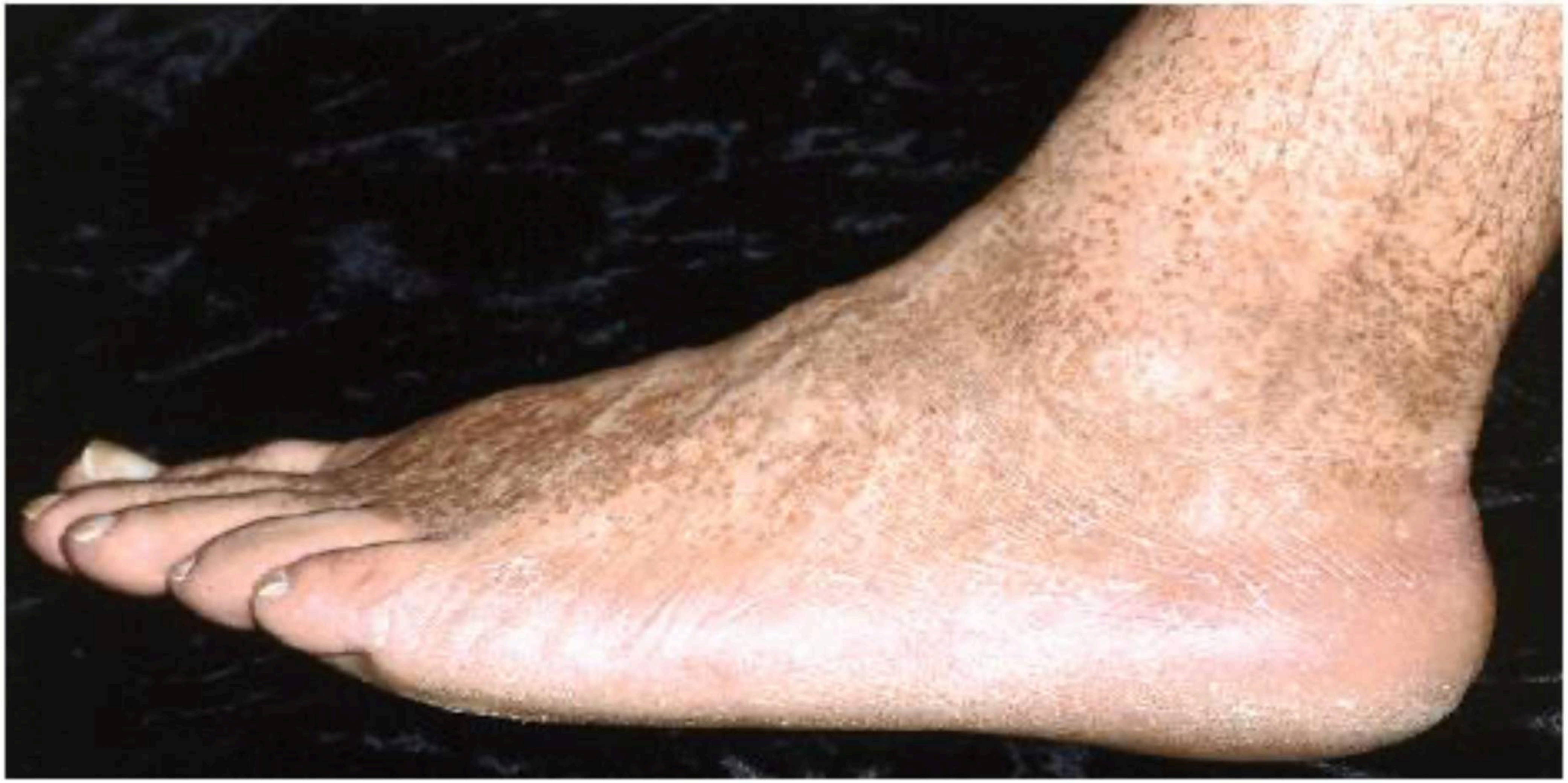


Figure 25-4 Tinea pedis: mocassin type
Erythema, fine white scaling of the plantar and lateral foot, and keratoderma (thickening of the keratin layer); the arciform pattern of scaling is characteristic. The multiple brown macules are incidental findings and represent progressive pigmentary purpura (Schamberg's disease).

Cutaneous Fungal Infections: Dermatophytoses

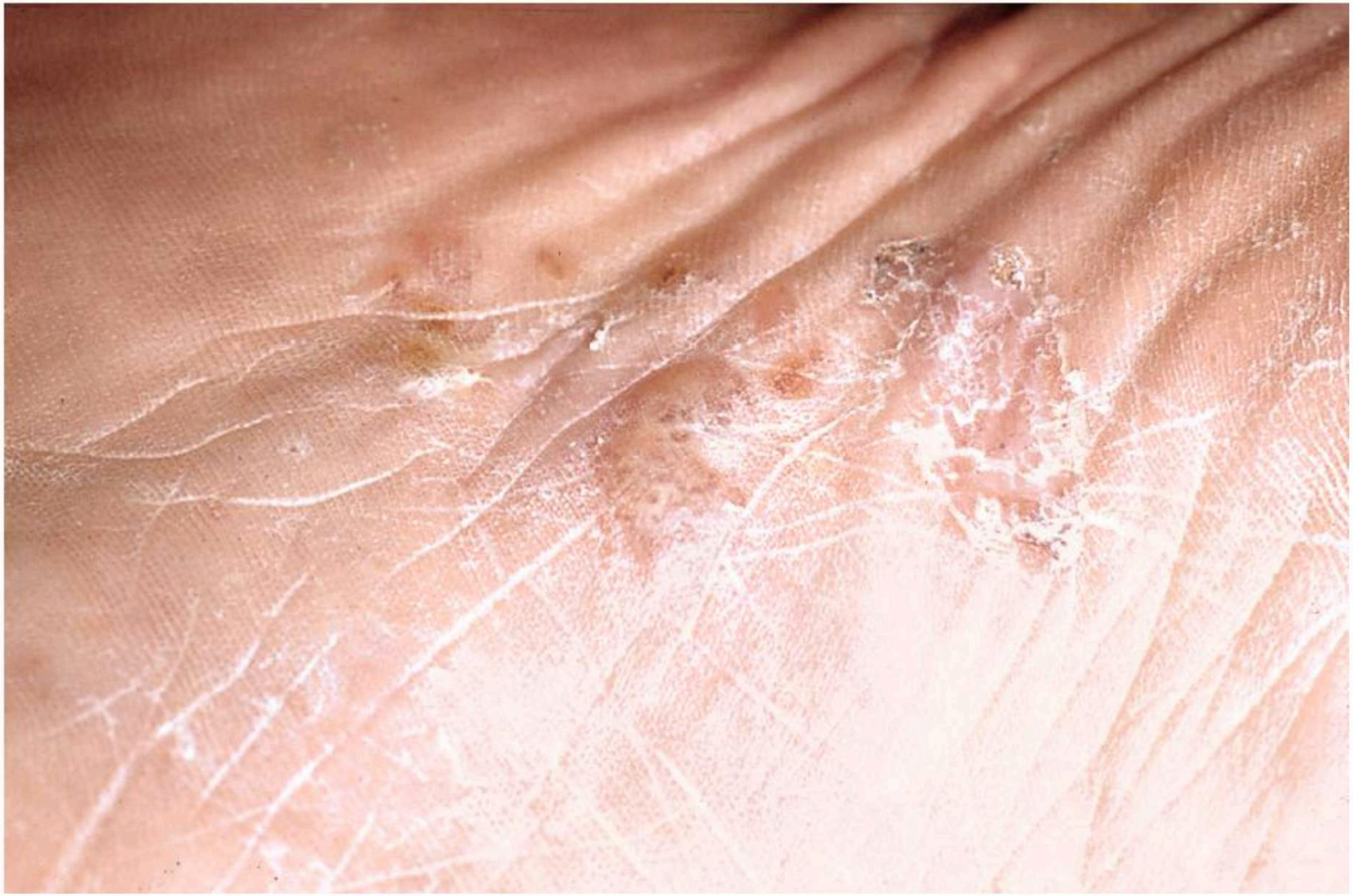


Figure 25-5 Tinea pedis: bullous type Vesicles, bullae, erythema, fine scaling, and erosion on the plantar foot. Hyphae were detected on KOH preparation obtained from the roof of the inner aspect of the large bulla.

Cutaneous Fungal Infections: Dermatophytoses

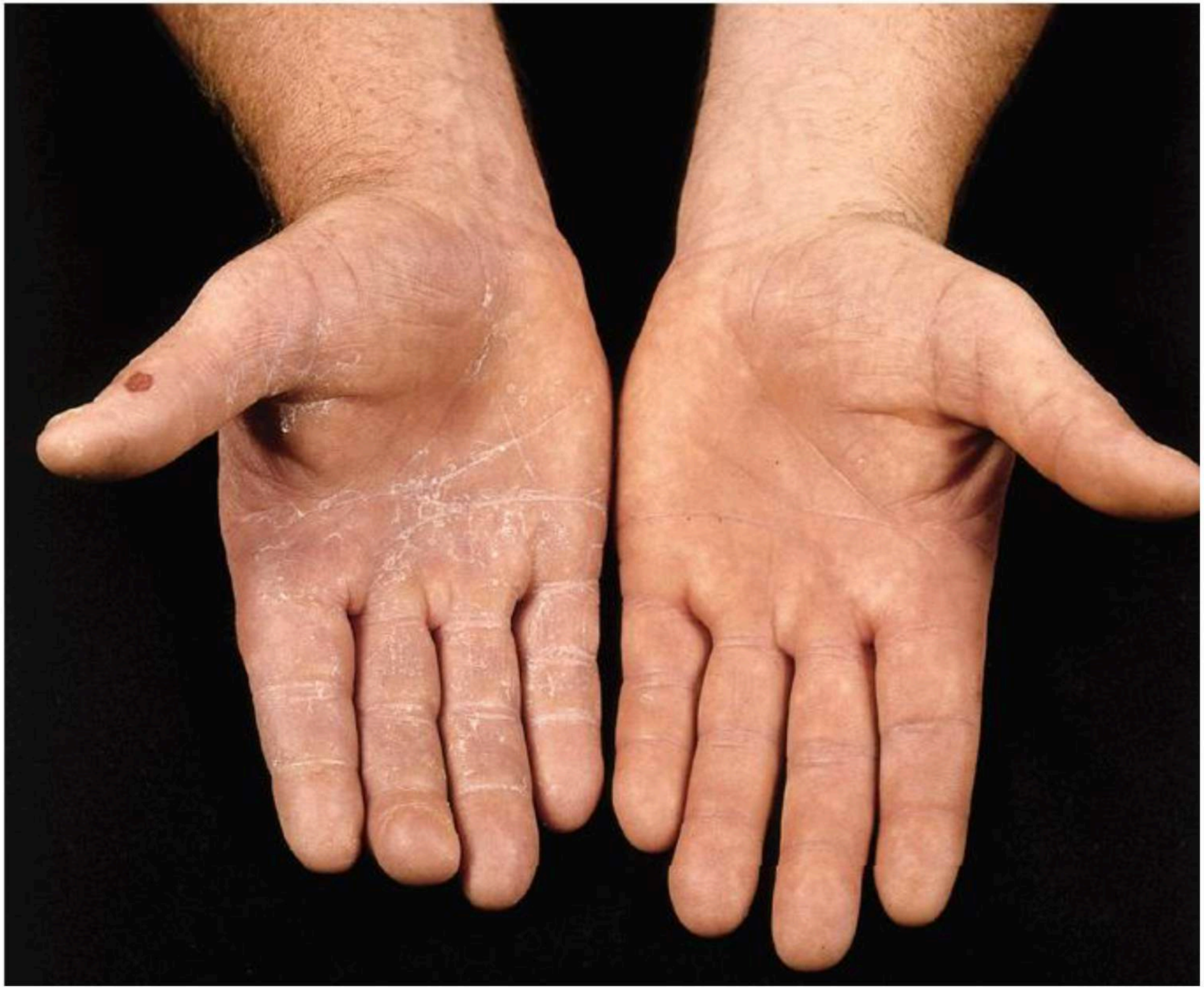


Figure 25-6 Tinea manuum Erythema and scaling (seen best in the skin folds) of the right hand, which was associated with bilateral tinea pedis; the "one hand, two feet" distribution is typical of epidermal dermatophytosis of the hands and feet.

Cutaneous Fungal Infections: Dermatophytoses

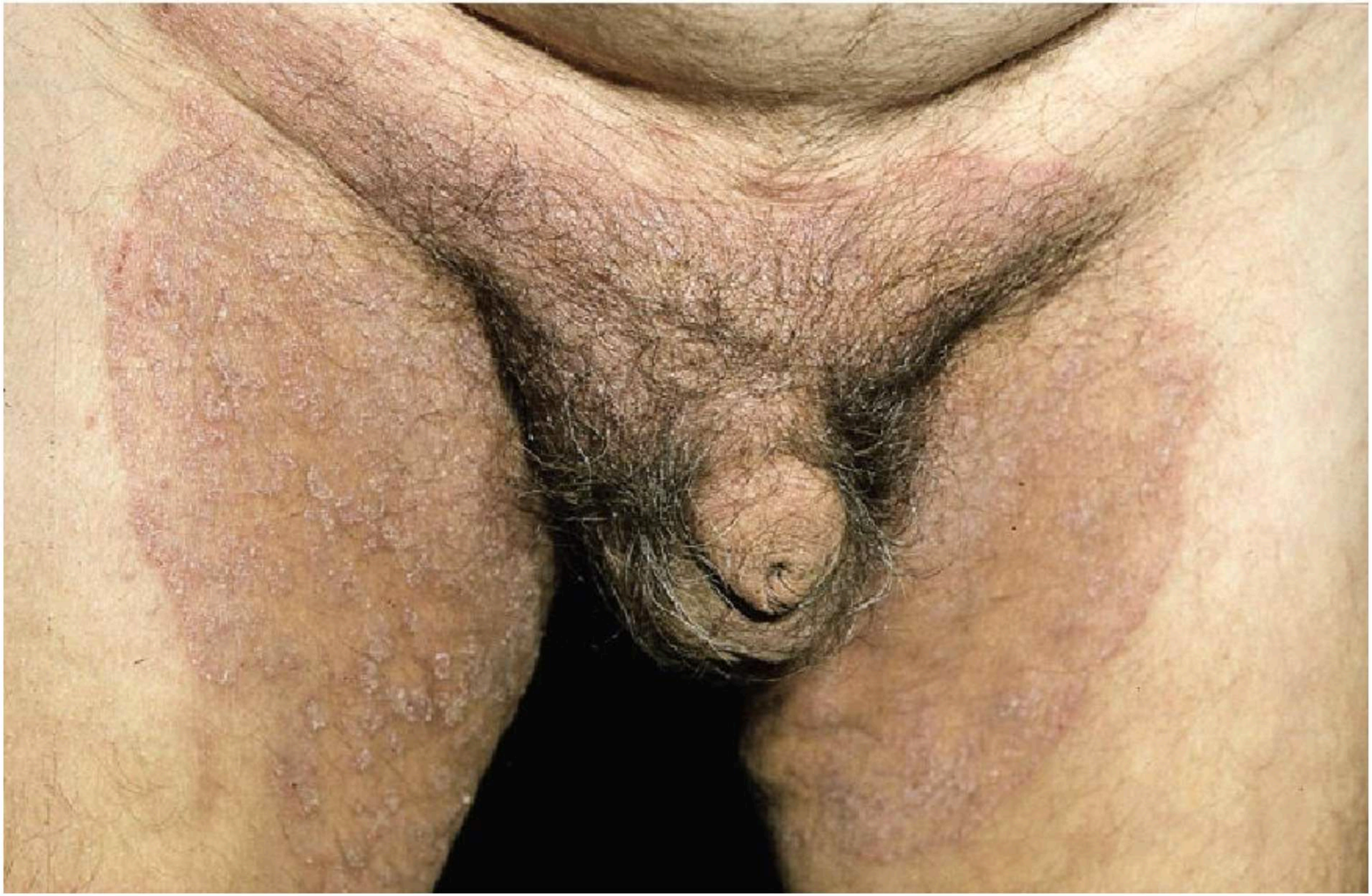


Figure 25-7 Tinea cruris Erythematous, scaling plaques on the medial thighs, inguinal folds, and pubic area; areas of clearing are seen within the large plaques. The margins are raised and sharply marginated.

Cutaneous Fungal Infections: Dermatophytoses

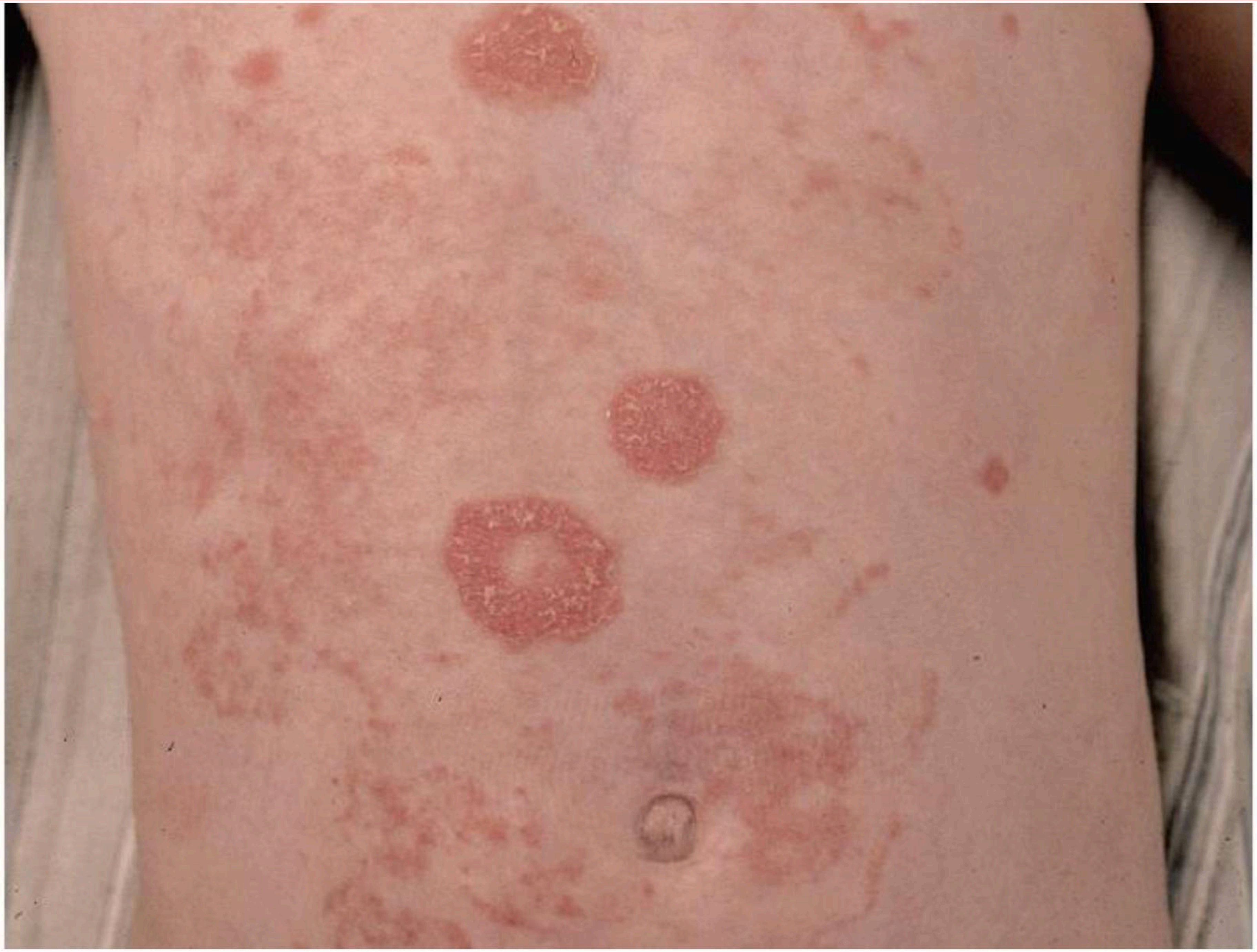


Figure 25-8 Tinea corporis Multiple, bright red, sharply marginated lesions with only minimal scaling of several weeks duration on the trunk of a child. Three lesions are more inflammatory and thicker. *Microsporum canis* was isolated on fungal culture, which had been contracted from a pet guinea pig.

Cutaneous Fungal Infections: Dermatophytoses

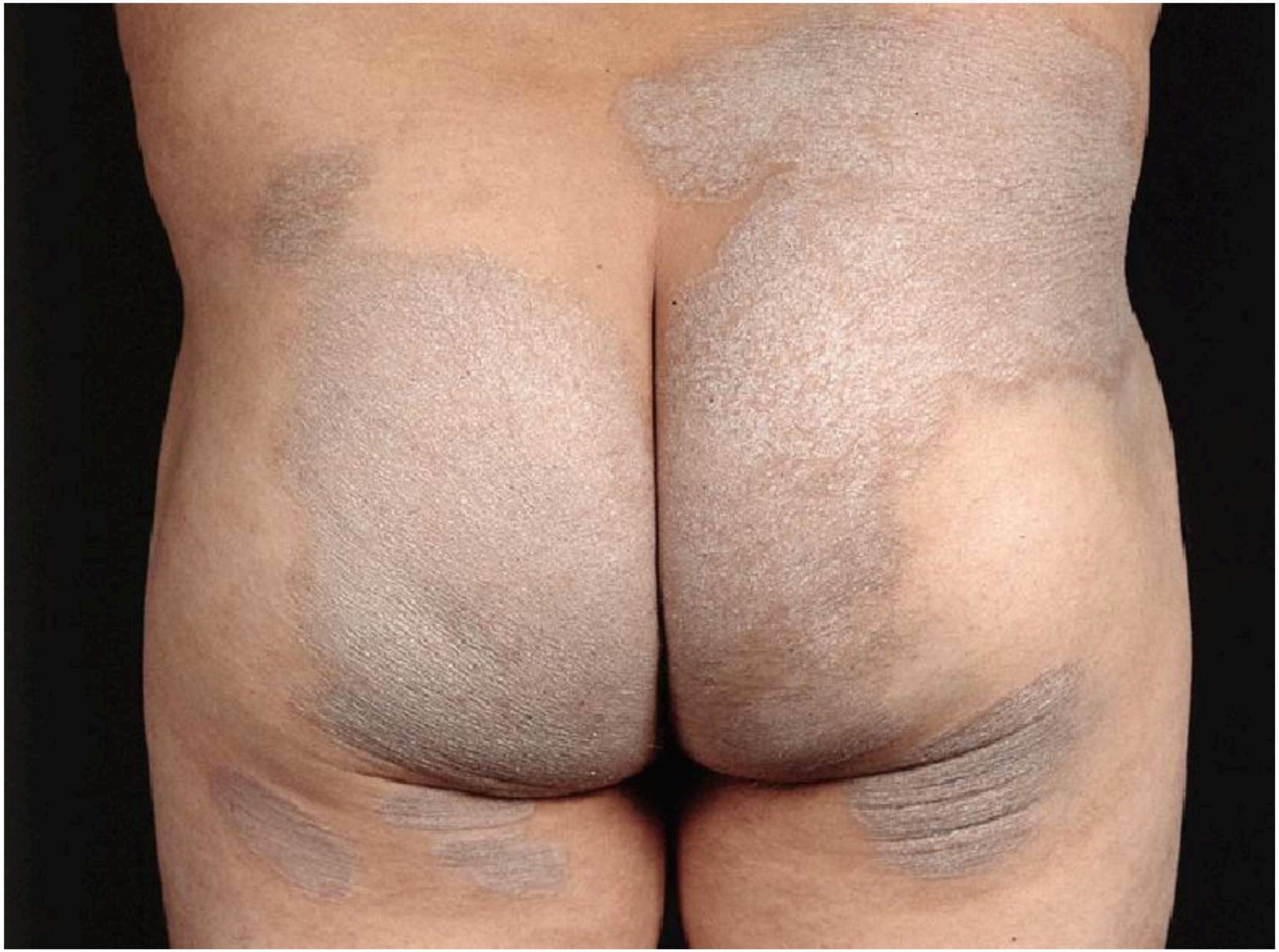
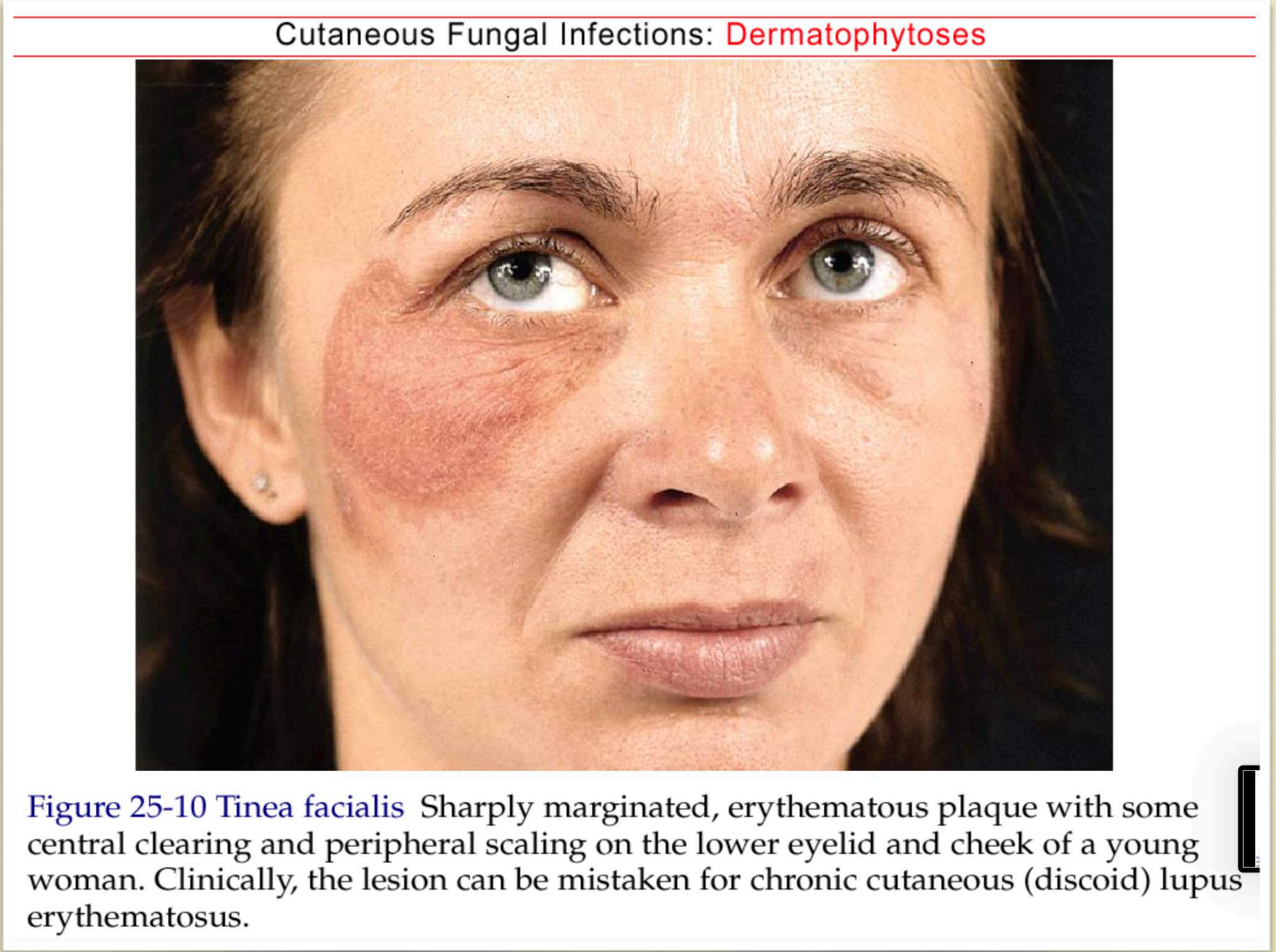


Figure 25-9 Tinea corporis Sharply marginated, hyperpigmented plaques of many months duration on the back, buttocks, and thighs; scaling that gives the lesion the appearance of psoriasis. Associated tinea cruris and tinea pedis are usually present.



Cutaneous Fungal Infections: Dermatophytoses

Figure 25-10 Tinea facialis Sharply marginated, erythematous plaque with some central clearing and peripheral scaling on the lower eyelid and cheek of a young woman. Clinically, the lesion can be mistaken for chronic cutaneous (discoid) lupus erythematosus.

Cutaneous Fungal Infections: Dermatophytoses

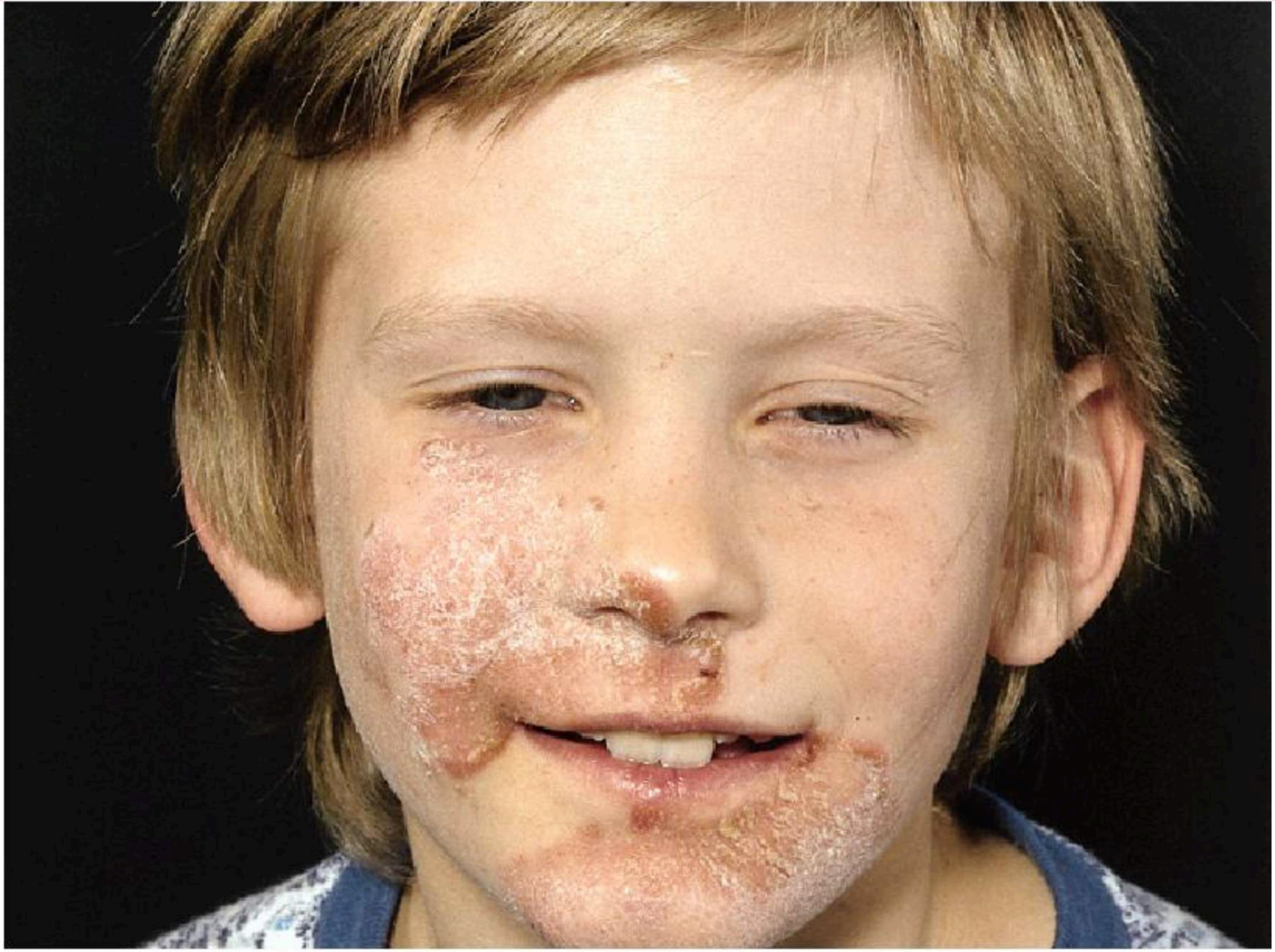


Figure 25-11 Tinea facialis Sharply marginated, erythematous, scaling, and crusted plaques on the face of a child. Note asymmetry.

Cutaneous Fungal Infections: Dermatophytoses

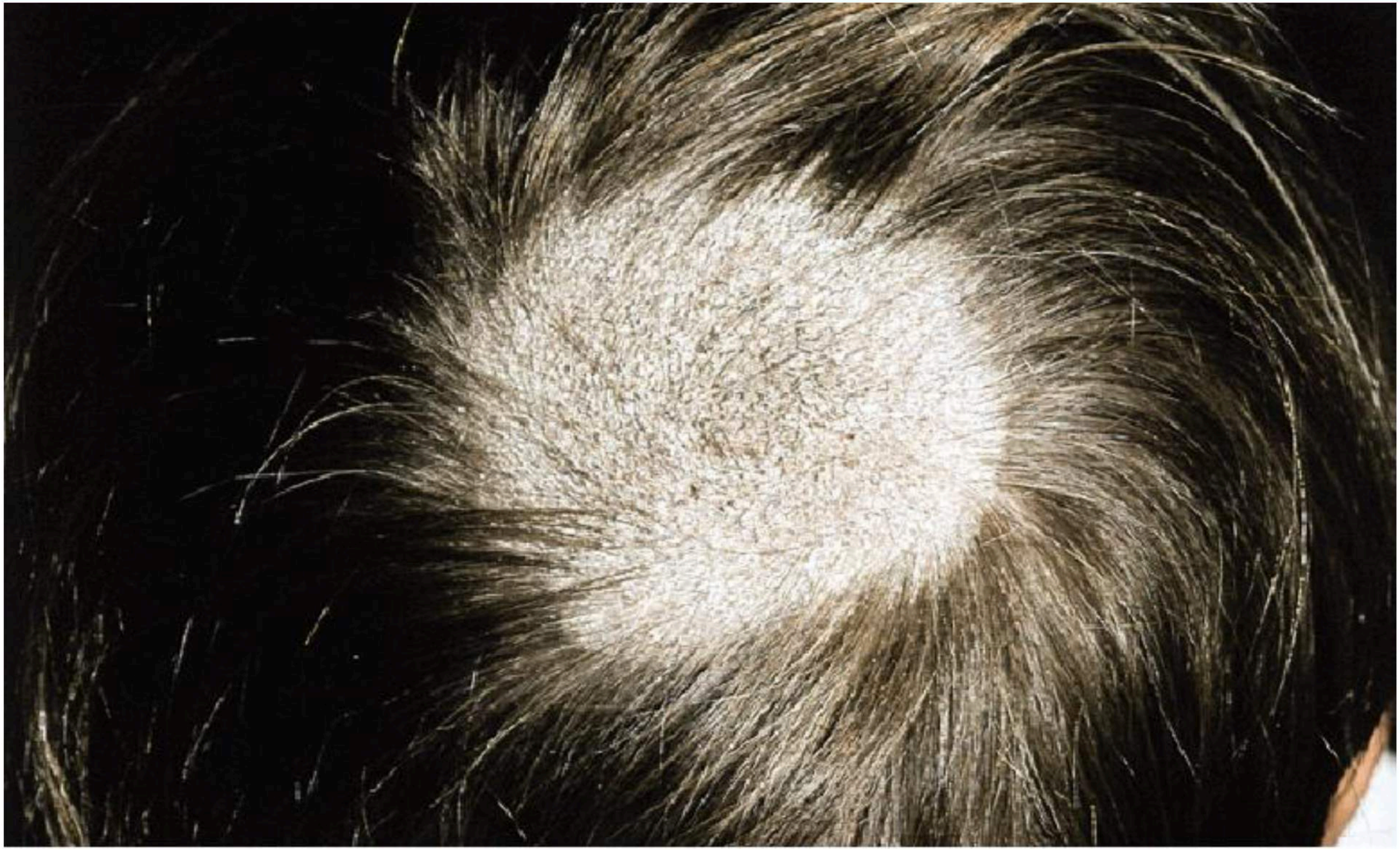


Figure 25-12 Tinea capitis: "gray patch" type A large, round, hyperkeratotic plaque of alopecia due to breaking off of hair shafts close to the surface, giving the appearance of a mowed wheat field on the scalp of a child. Remaining hair shafts and scales exhibit a green fluorescence when examined with a Wood's lamp. *Microsporum canis* was isolated on culture

Cutaneous Fungal Infections: Dermatophytoses

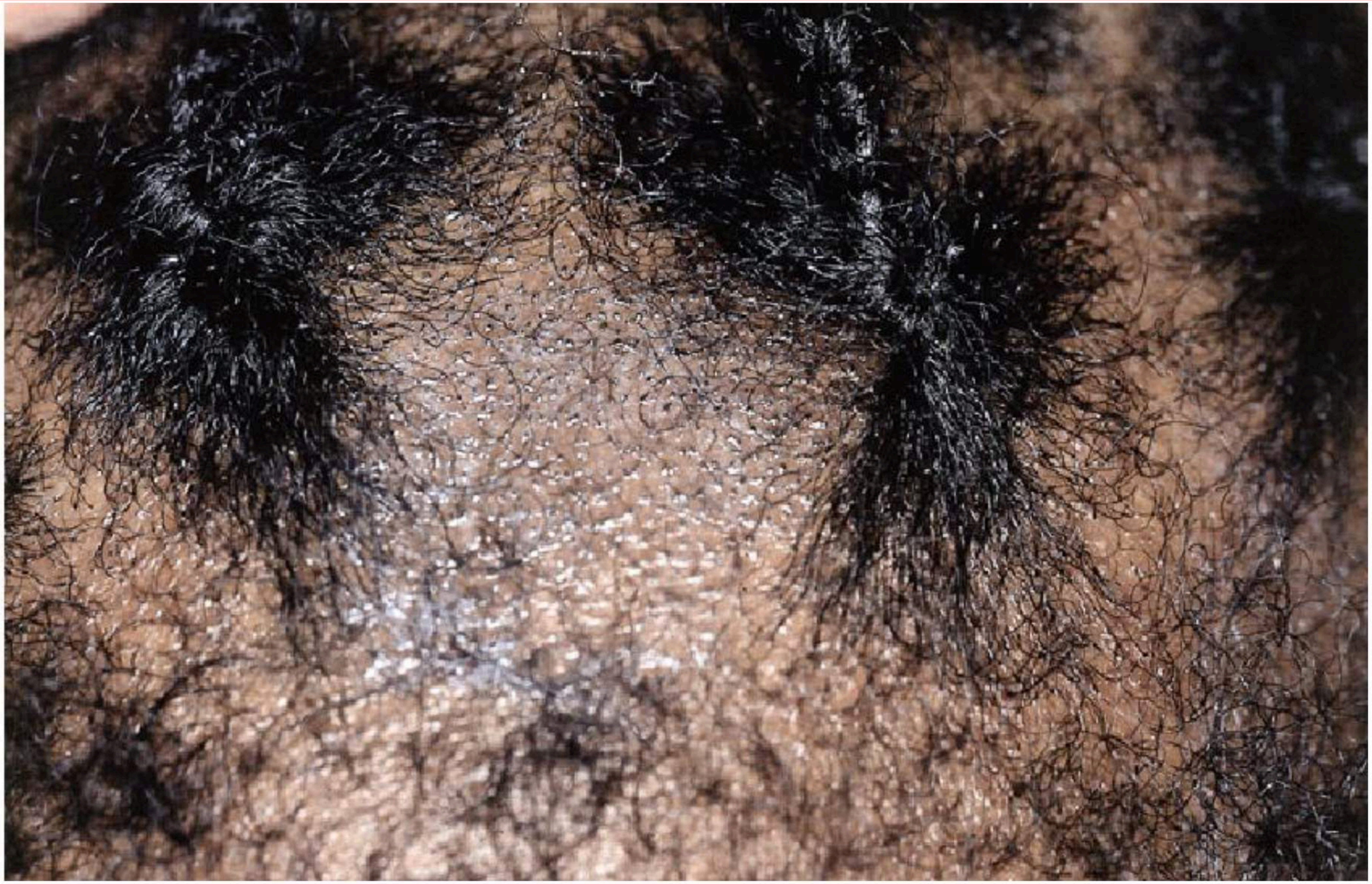


Figure 25-13 Tinea capitis: “black dot” variant A subtle, asymptomatic patch of alopecia due to breaking off of hairs on the frontal scalp in a 4-year-old black child. The lesion was detected because her infant sister presented with tinea corporis. *Trichophyton tonsurans* was isolated on culture.

Cutaneous Fungal Infections: Dermatophytoses

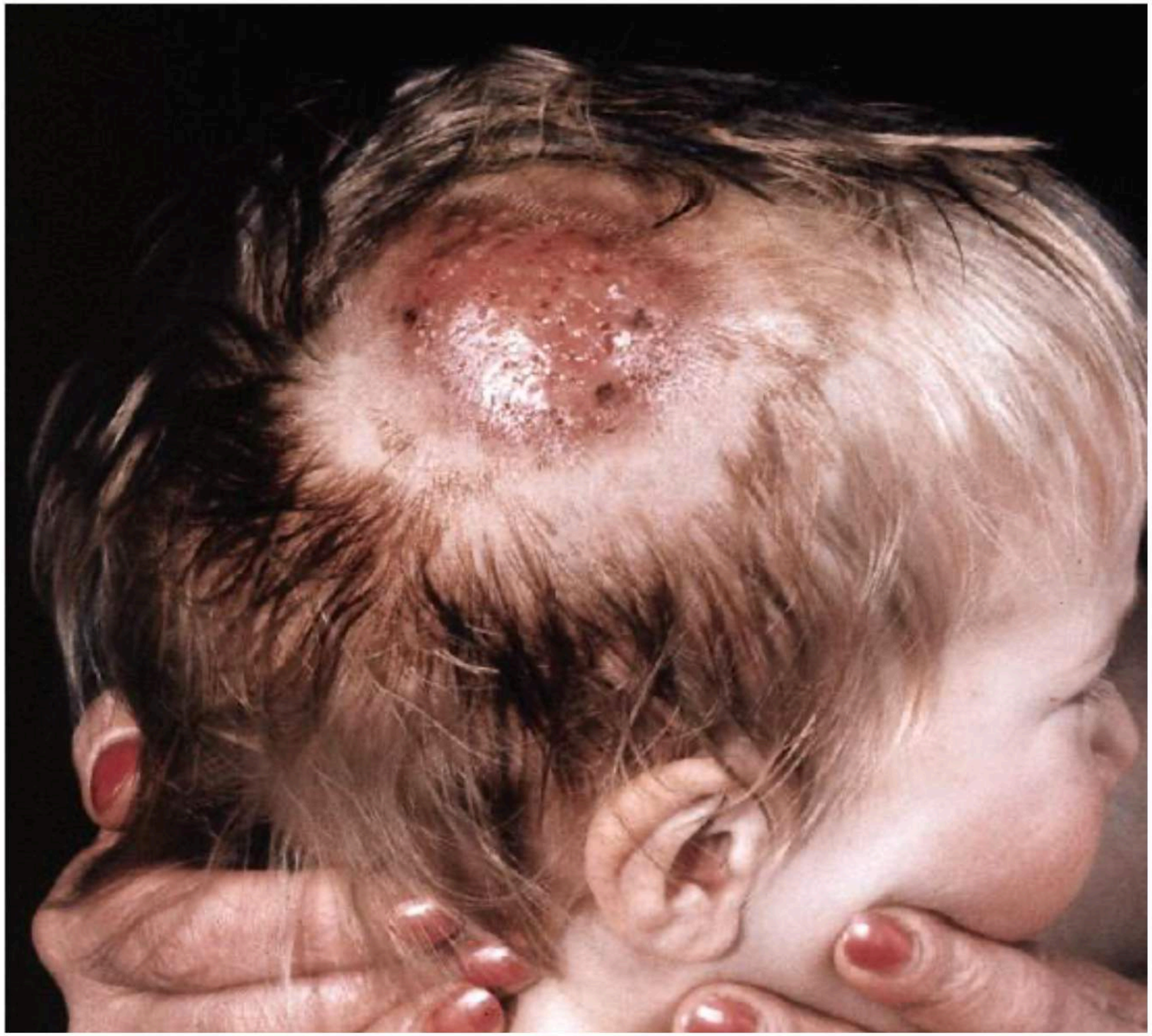


Figure 25-14 Tinea capitis: kerion type Large, very painful, inflammatory tumor with hair loss, studded with multiple pustules on the scalp of a young child. Pressure on the lesion cause pus to discharge from multiple openings in a honeycomb pattern (*kerion* is the Greek term for honeycomb).

Cutaneous Fungal Infections: Dermatophytoses

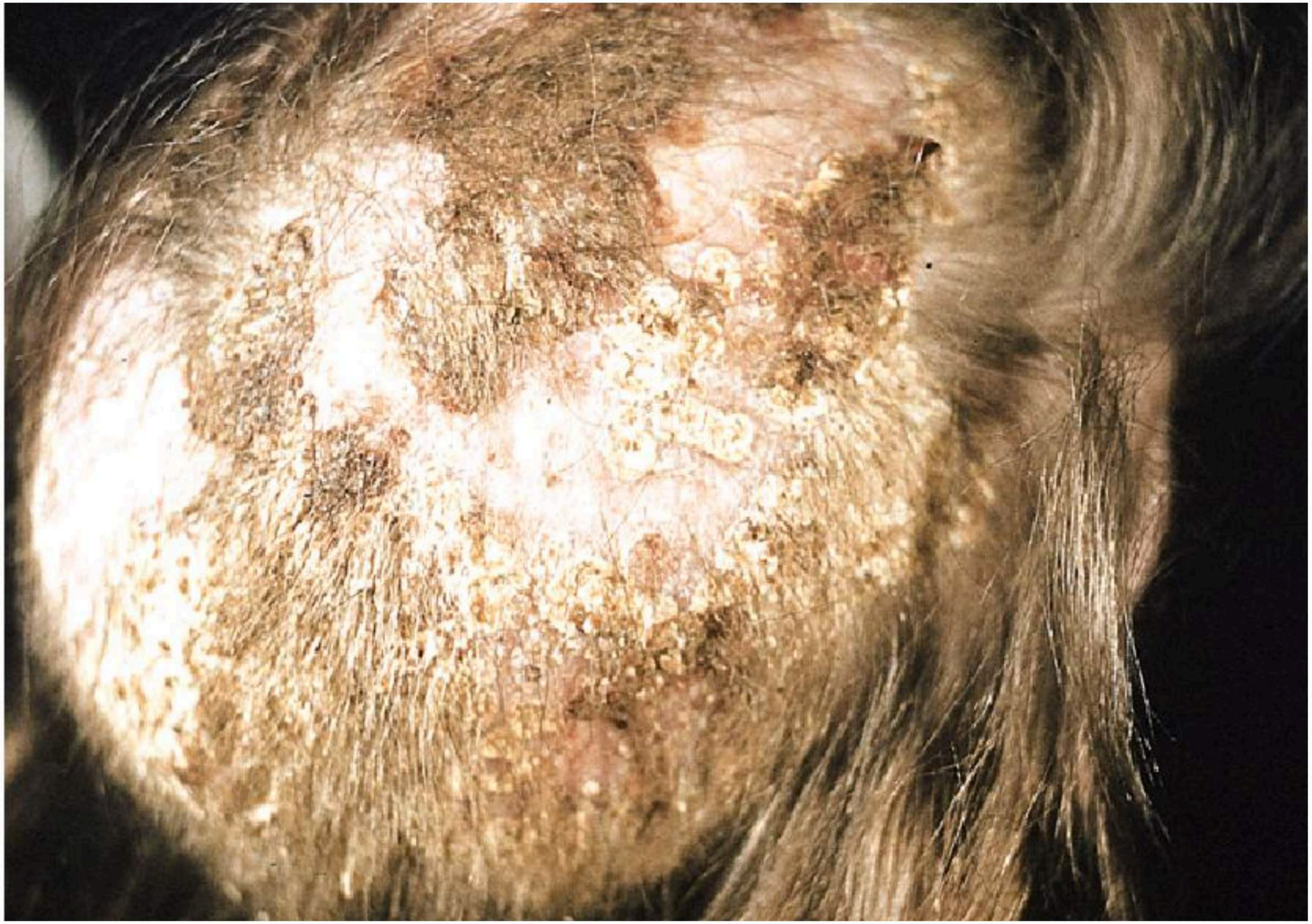


Figure 25-15 Tinea capitis: favus Extensive hair loss with atrophy, scarring, and so-called scutula, i.e., yellowish adherent crusts present on the scalp; remaining hairs pierce scutula. *Trichophyton schoenleinii* was isolated on culture.

Cutaneous Fungal Infections: Dermatophytoses

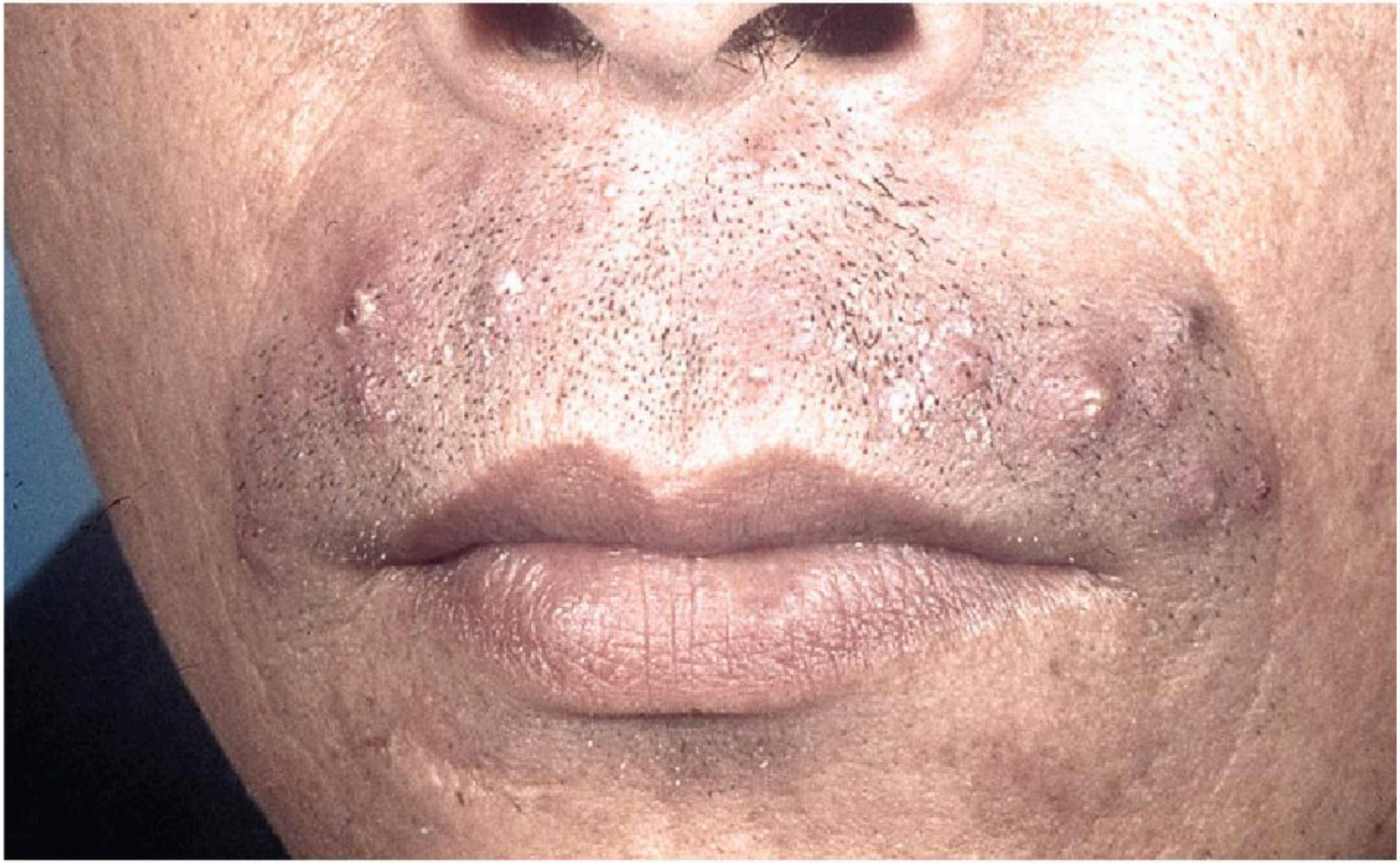


Figure 25-16 Tinea barbae Scattered, discrete follicular pustules and papules in the moustache area, easily mistaken for *S. aureus* folliculitis.

Cutaneous Fungal Infections: Dermatophytoses

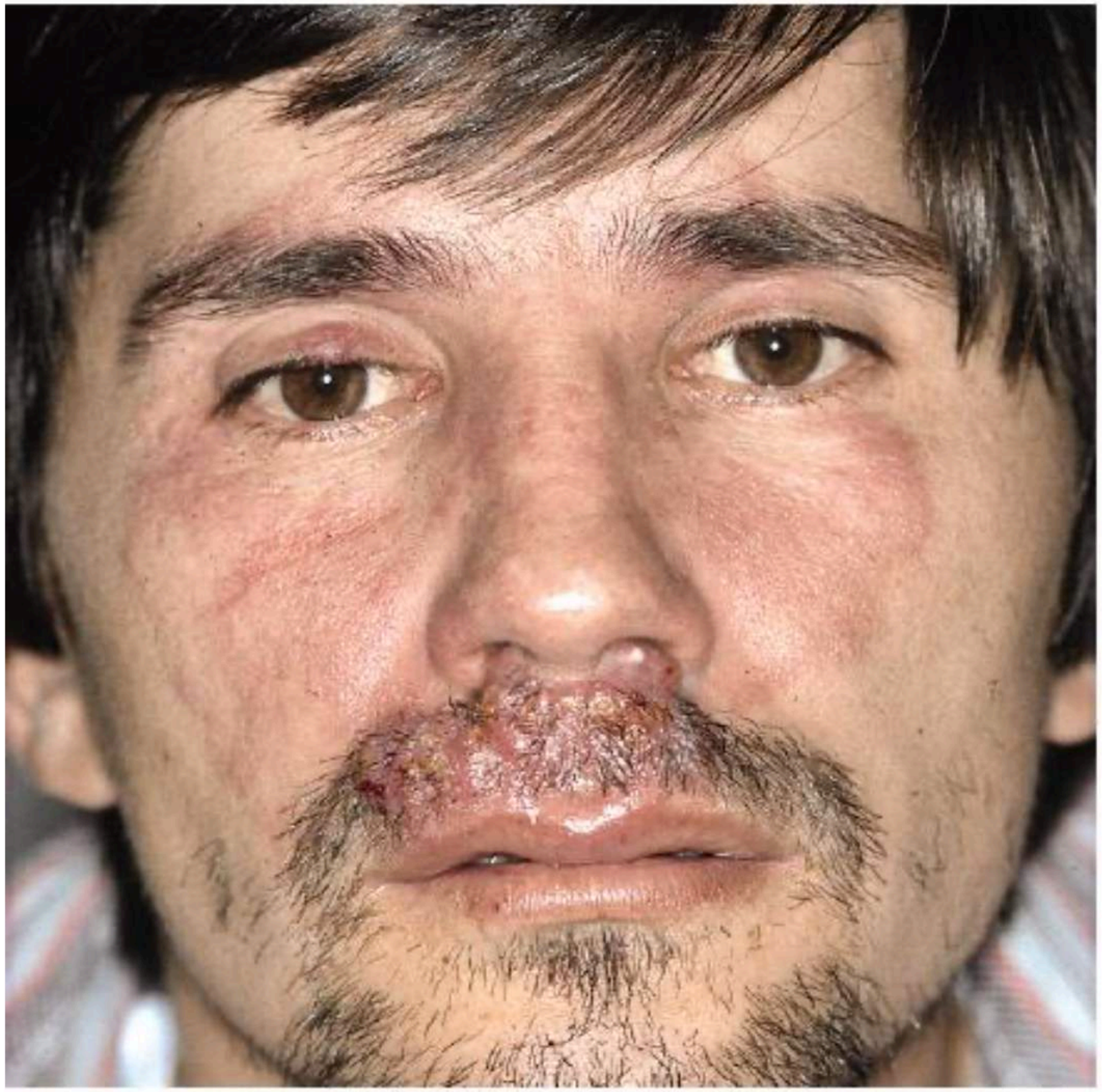


Figure 25-17 Tinea barbae and tinea facialis Confluent, painful papules, nodules, and pustules on the upper lip. Epidermal dermatophytosis (tinea facialis) with sharply marginated erythema and scaling is present on the cheeks, eyelids, eyebrows, and forehead. *Trichophyton mentagrophytes* was isolated on culture. In this case, the organism caused two distinct clinical patterns (epidermal involvement, tinea facial versus follicular inflammation, tinea barbae) depending on whether glabrous skin or hairy skin is infected.

Cutaneous Fungal Infections: Onychomycosis and Tinea Unguium

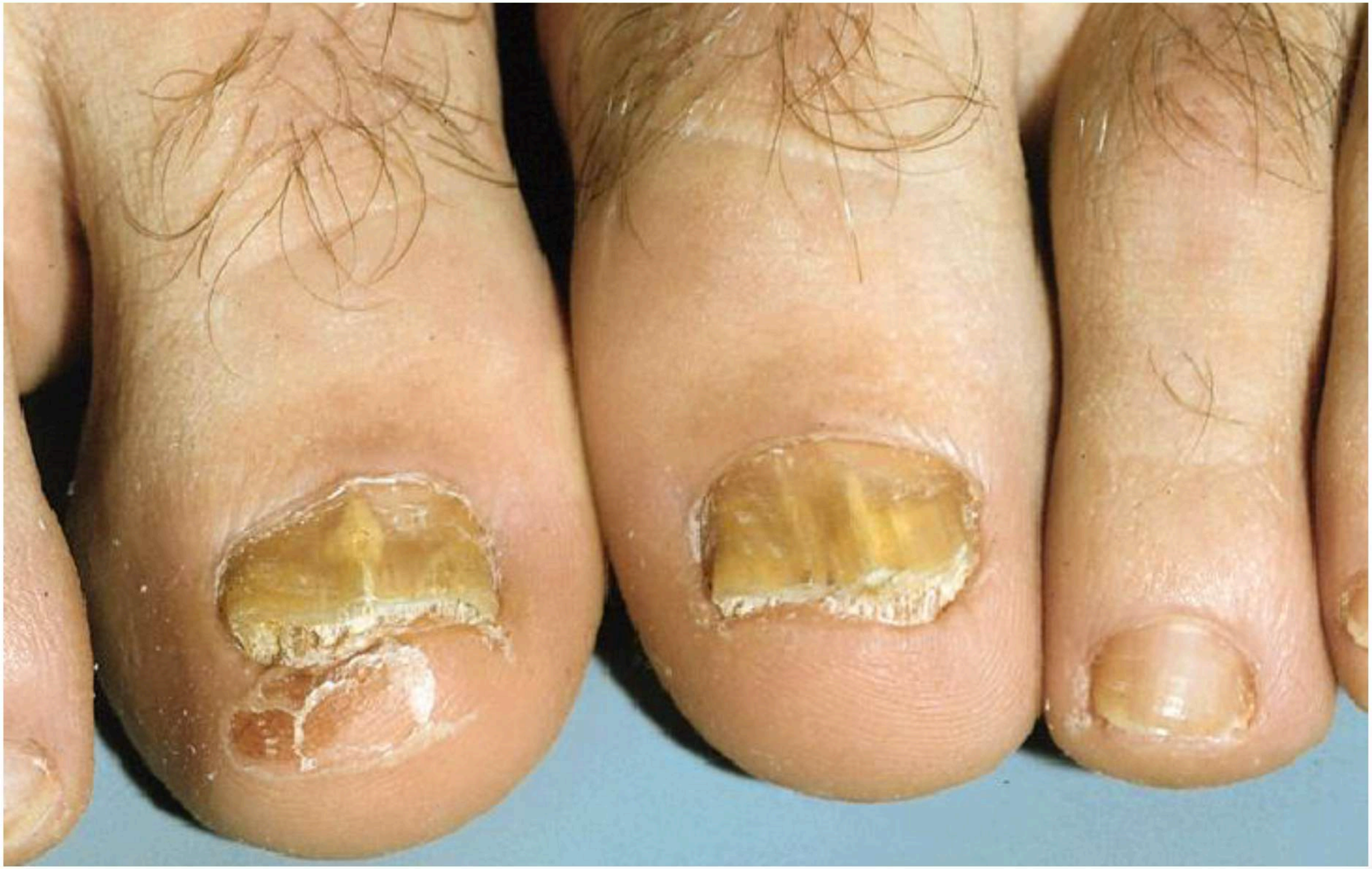


Figure 25-18 Onychomycosis of toenails: distal and lateral subungual type Distal subungual hyperkeratosis and onycholysis involving most of the nail bed of the great toenails; these findings are usually associated with tinea pedis.

Cutaneous Fungal Infections: Onychomycosis and Tinea Unguium

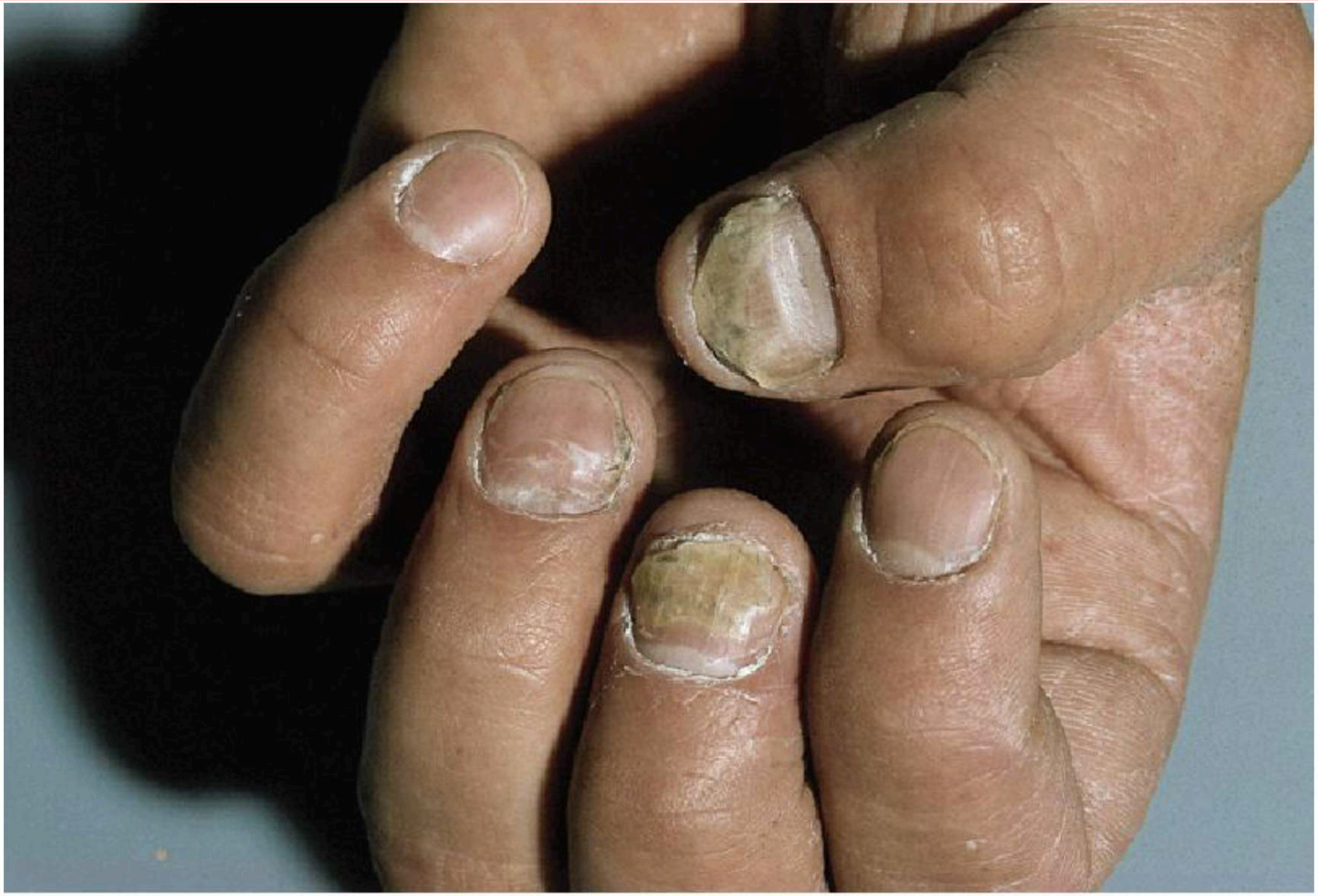
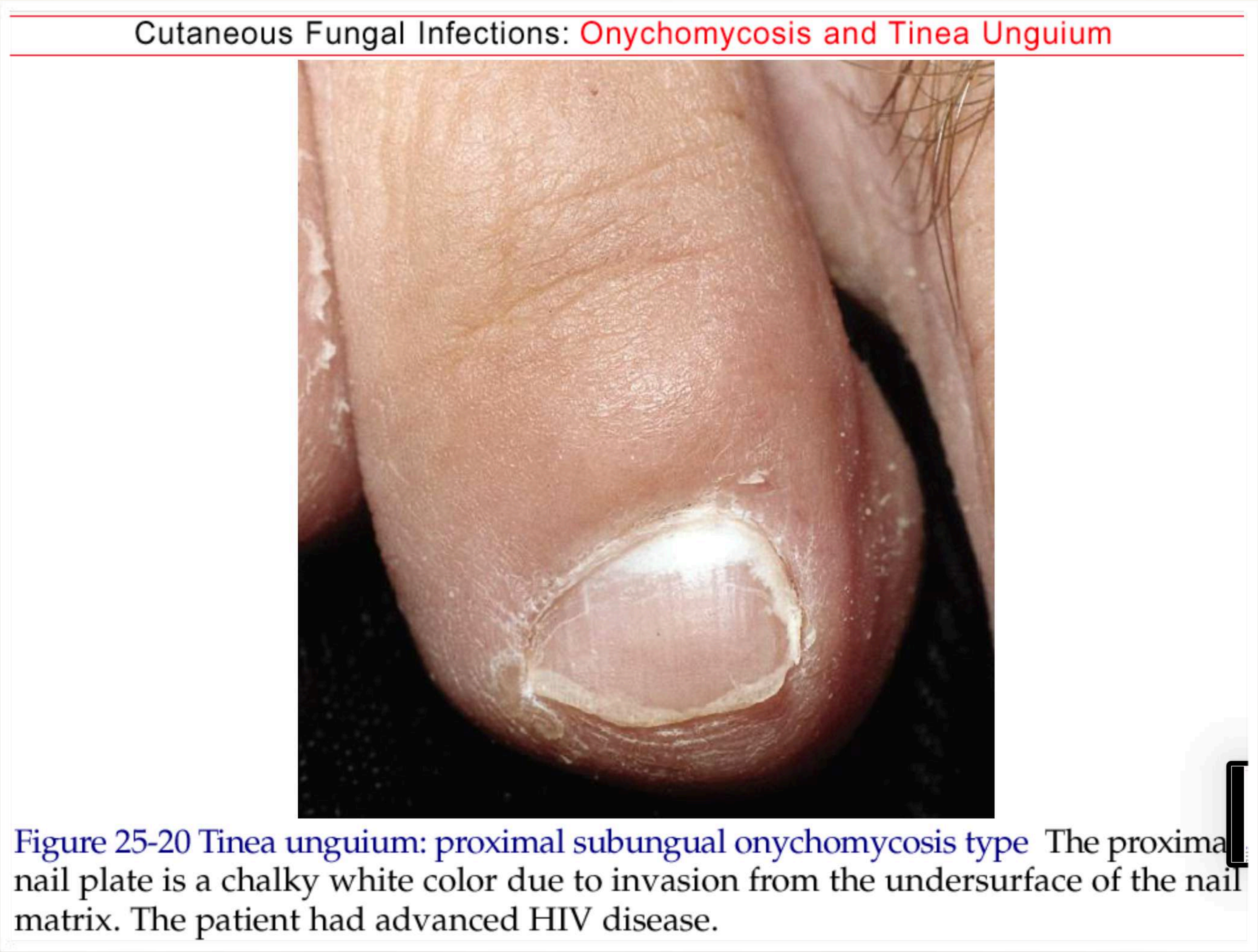


Figure 25-19 Onychomycosis of fingernails: distal and lateral subungual type Distal onycholysis with subungual hyperkeratosis on two fingernails; the nail plates are relatively preserved. Associated tinea manuum with scaling and erythema is also present.



Cutaneous Fungal Infections: Onychomycosis and Tinea Unguium

Figure 25-20 Tinea unguium: proximal subungual onychomycosis type The proxima nail plate is a chalky white color due to invasion from the undersurface of the nail matrix. The patient had advanced HIV disease.

Cutaneous Fungal Infections: Onychomycosis and Tinea Unguium

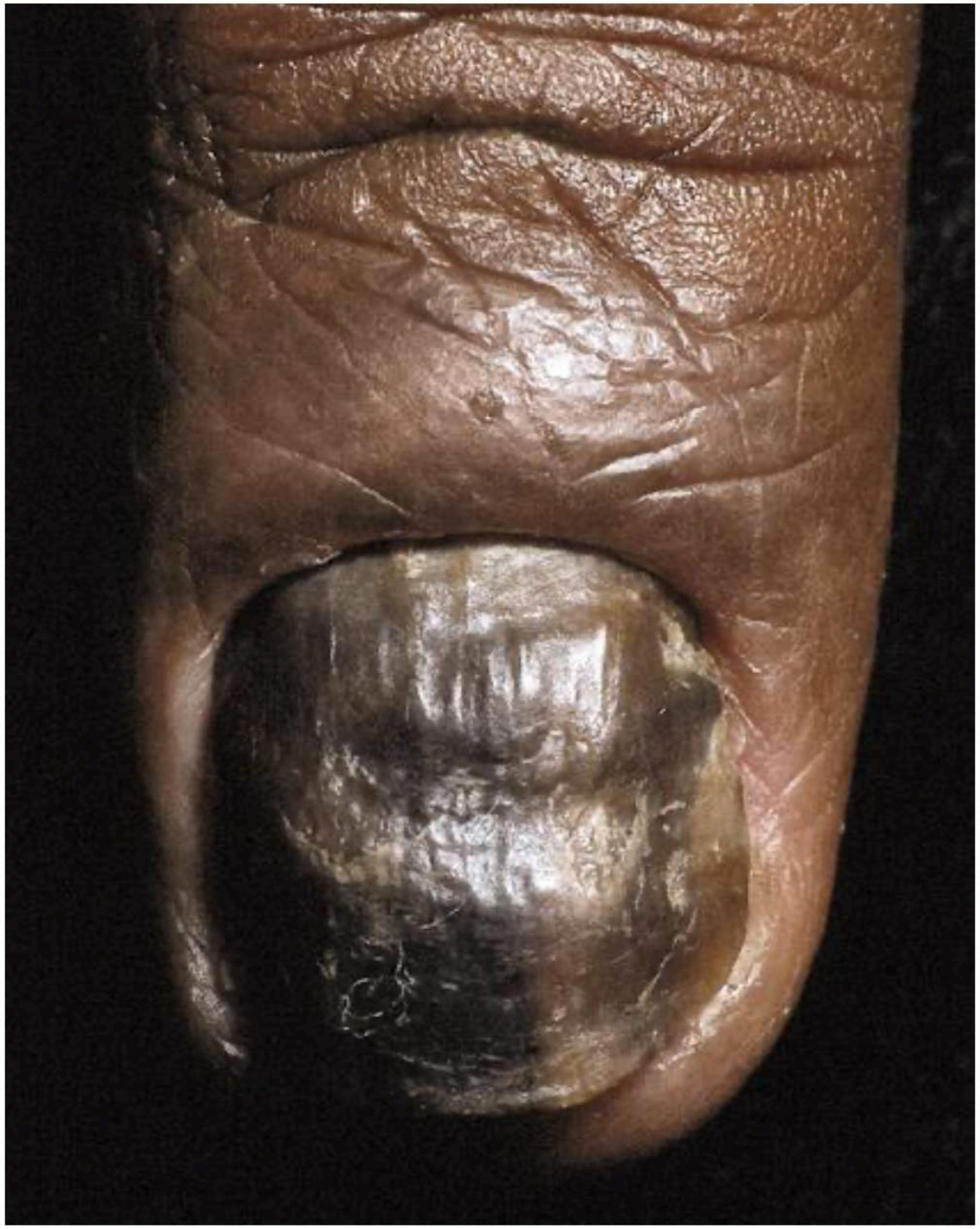


Figure 25-21 Onychomycosis: total dystrophic type The entire fingernail plate is thickened and dystrophic and is associated with a paronychial infection; both findings were caused by *Candida albicans* in an individual with advanced HIV disease.

Cutaneous Fungal Infections: Candidiasis

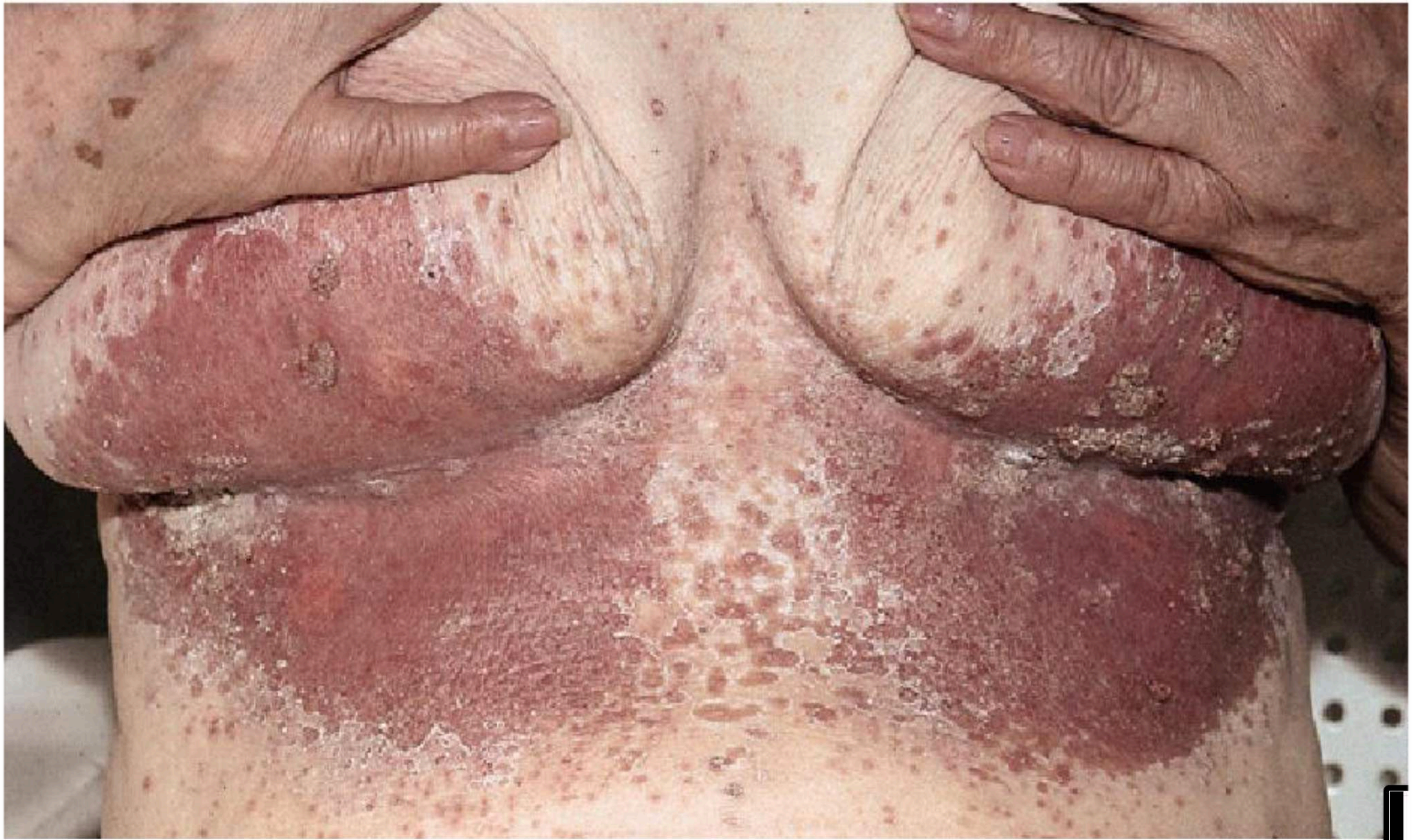


Figure 25-22 Cutaneous candidiasis: intertrigo Small peripheral "satellite" papules and pustules that have become confluent centrally creating large eroded area in the inframammary area.

Cutaneous Fungal Infections: Candidiasis

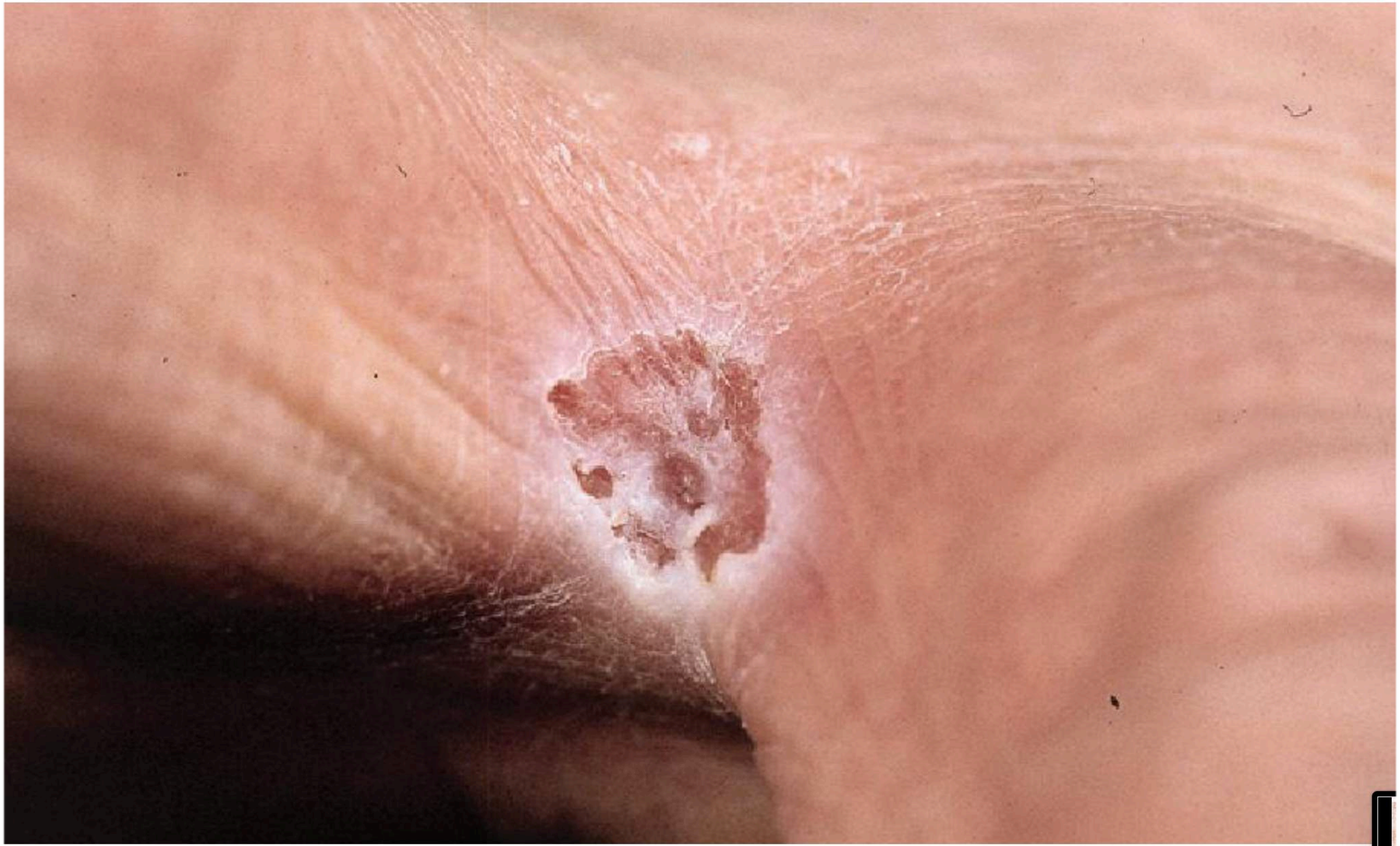
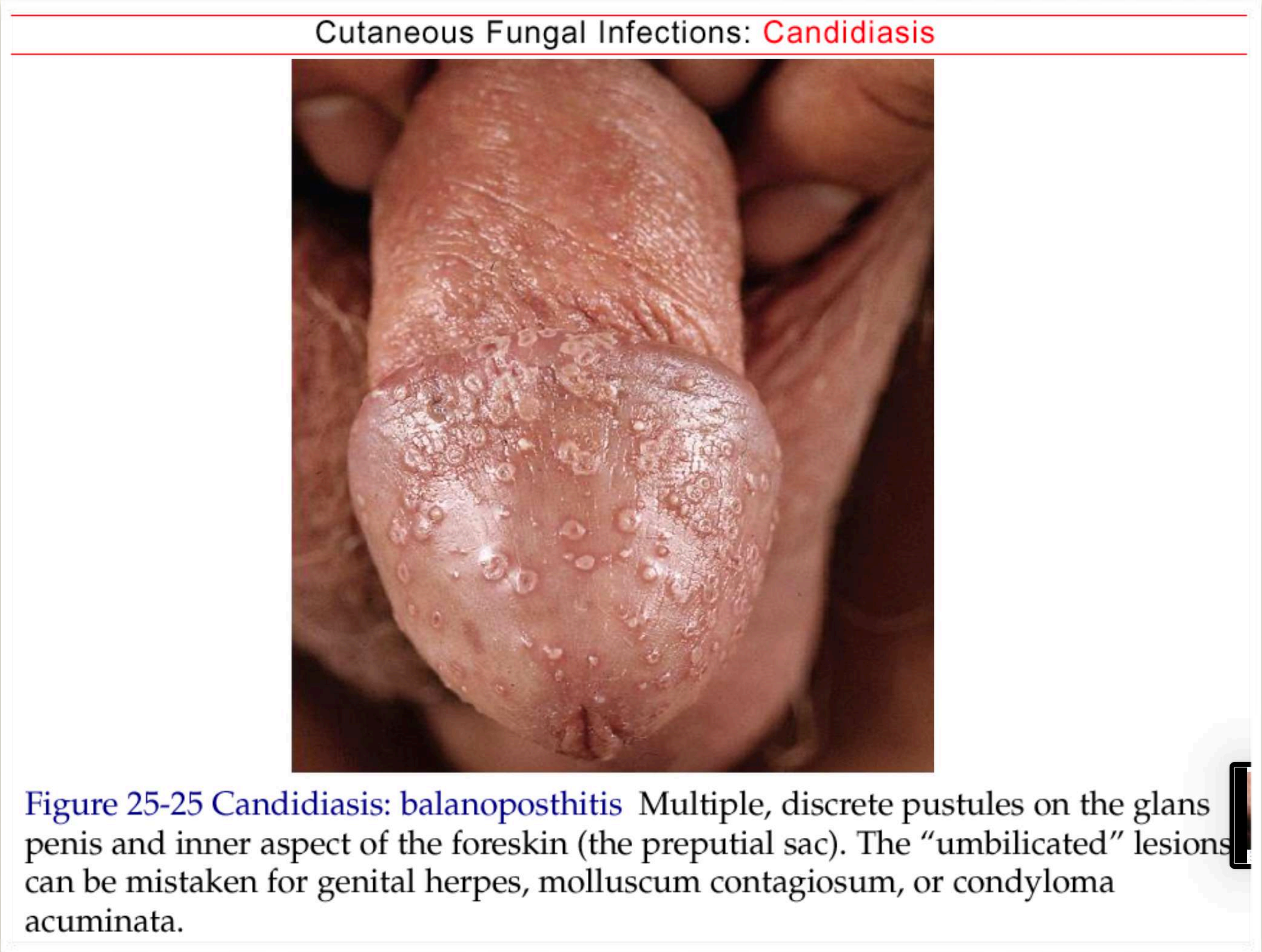


Figure 25-24 Cutaneous candidiasis: interdigital Erythematous eroded area with surrounding maceration in a webspace of the hand occurring in a health care worker is a type of intertrigo.



Cutaneous Fungal Infections: Candidiasis

Figure 25-25 Candidiasis: balanoposthitis Multiple, discrete pustules on the glans penis and inner aspect of the foreskin (the preputial sac). The "umbilicated" lesions can be mistaken for genital herpes, molluscum contagiosum, or condyloma acuminata.

Cutaneous Fungal Infections: Candidiasis

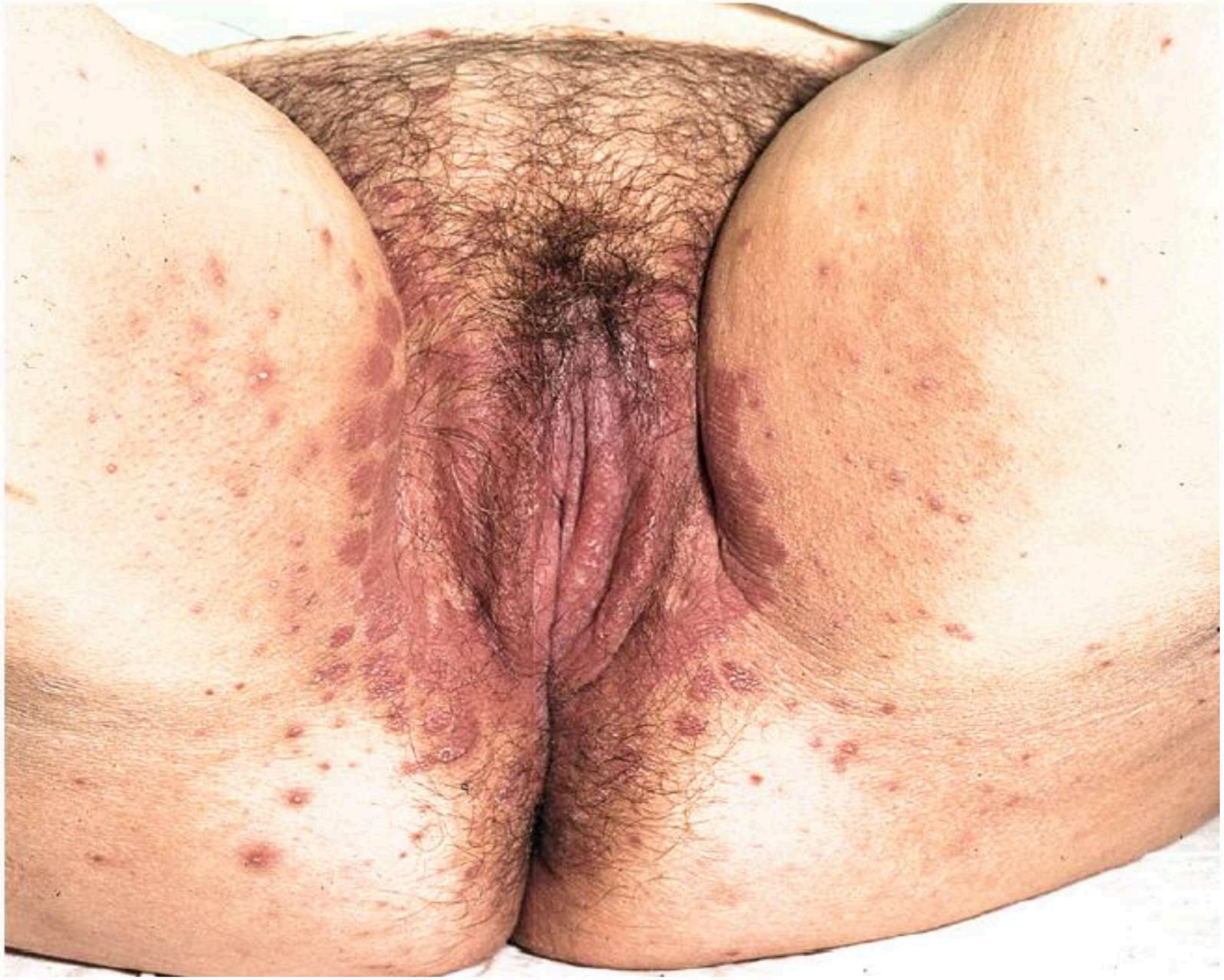


Figure 25-26 Candidiasis: vulvitis Psoriasiform, erythematous lesions becoming confluent on the vulva with erosions and satellite pustules on the thighs.

Cutaneous Fungal Infections: Candidiasis

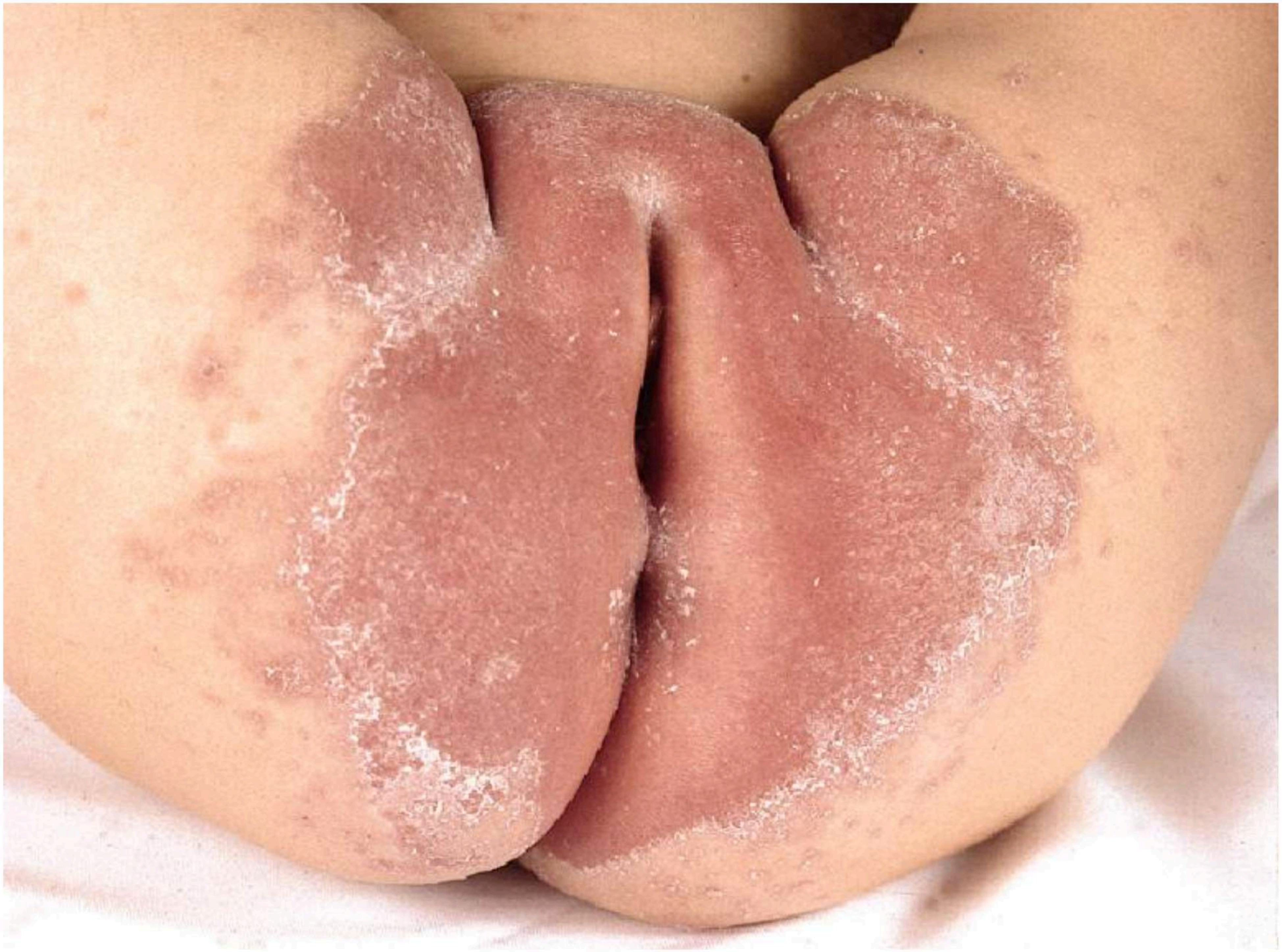
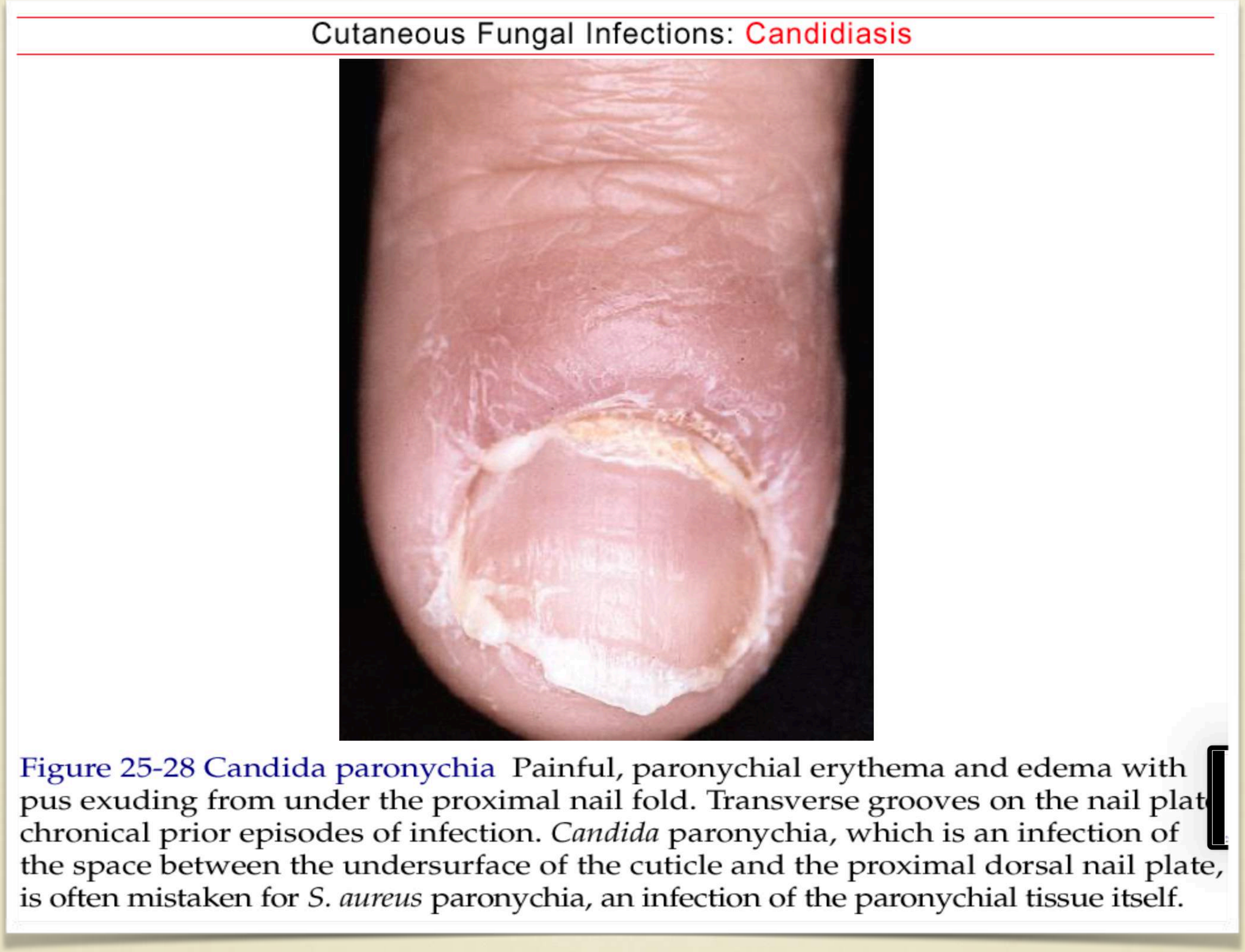


Figure 25-27 Candidiasis: diaper dermatitis Confluent erosions, marginal scaling, and “satellite pustules” in the area covered by a diaper in an infant.



Cutaneous Fungal Infections: Candidiasis

Figure 25-28 Candida paronychia Painful, paronychial erythema and edema with pus exuding from under the proximal nail fold. Transverse grooves on the nail plat chronical prior episodes of infection. *Candida* paronychia, which is an infection of the space between the undersurface of the cuticle and the proximal dorsal nail plate, is often mistaken for *S. aureus* paronychia, an infection of the paronychial tissue itself.

Cutaneous Fungal Infections: Candidiasis

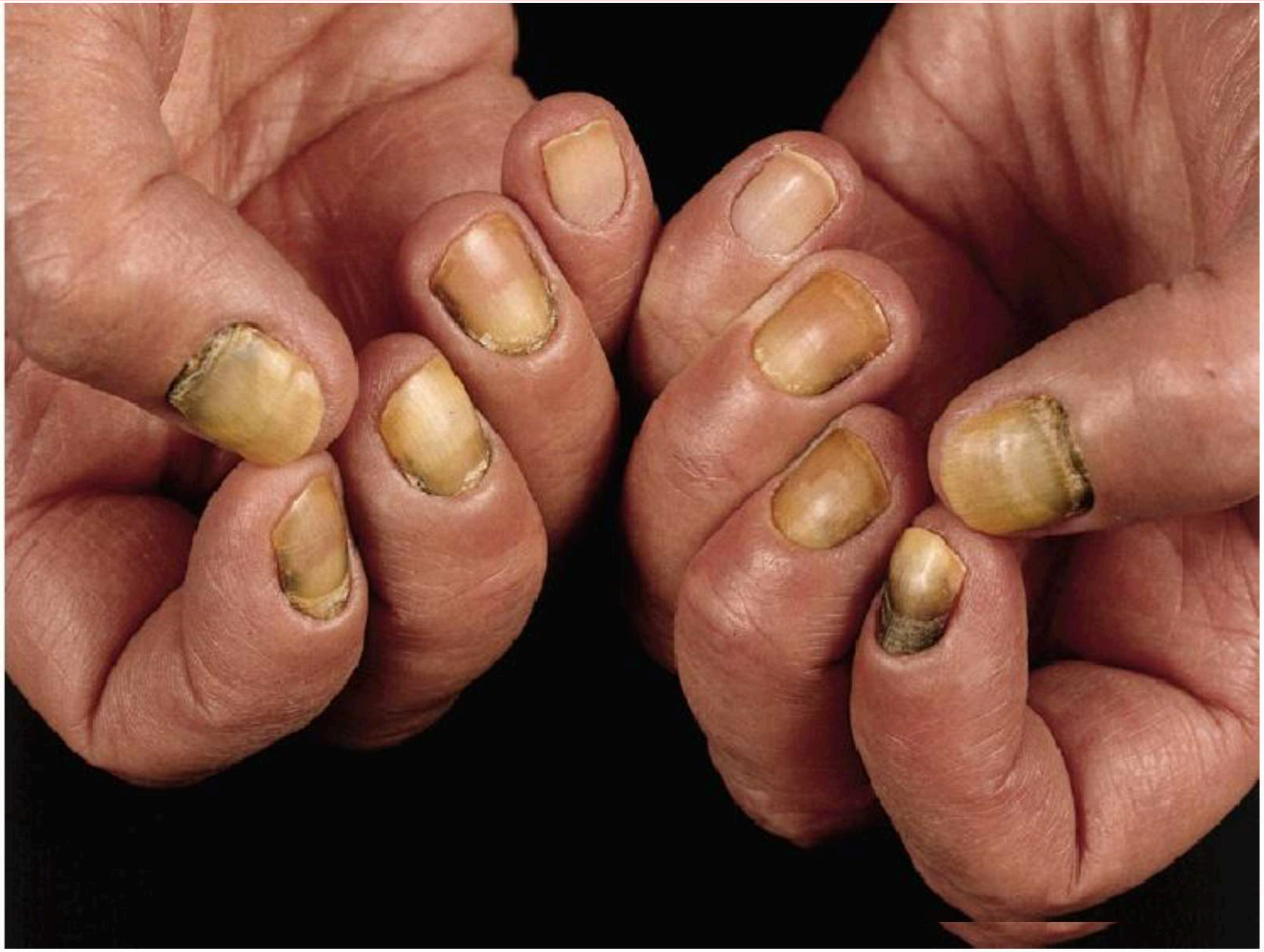


Figure 25-29 Candida paronychia, onychia, and onycholysis Paronychial erythema and edema with proximal, as well as distal, onycholysis and onychodystrophy. The green-brown color was caused by *Pseudomonas aeruginosa* superinfection of the diseased nails. The patient was immunosuppressed following organ transplantation.

Cutaneous Fungal Infections: Candidiasis

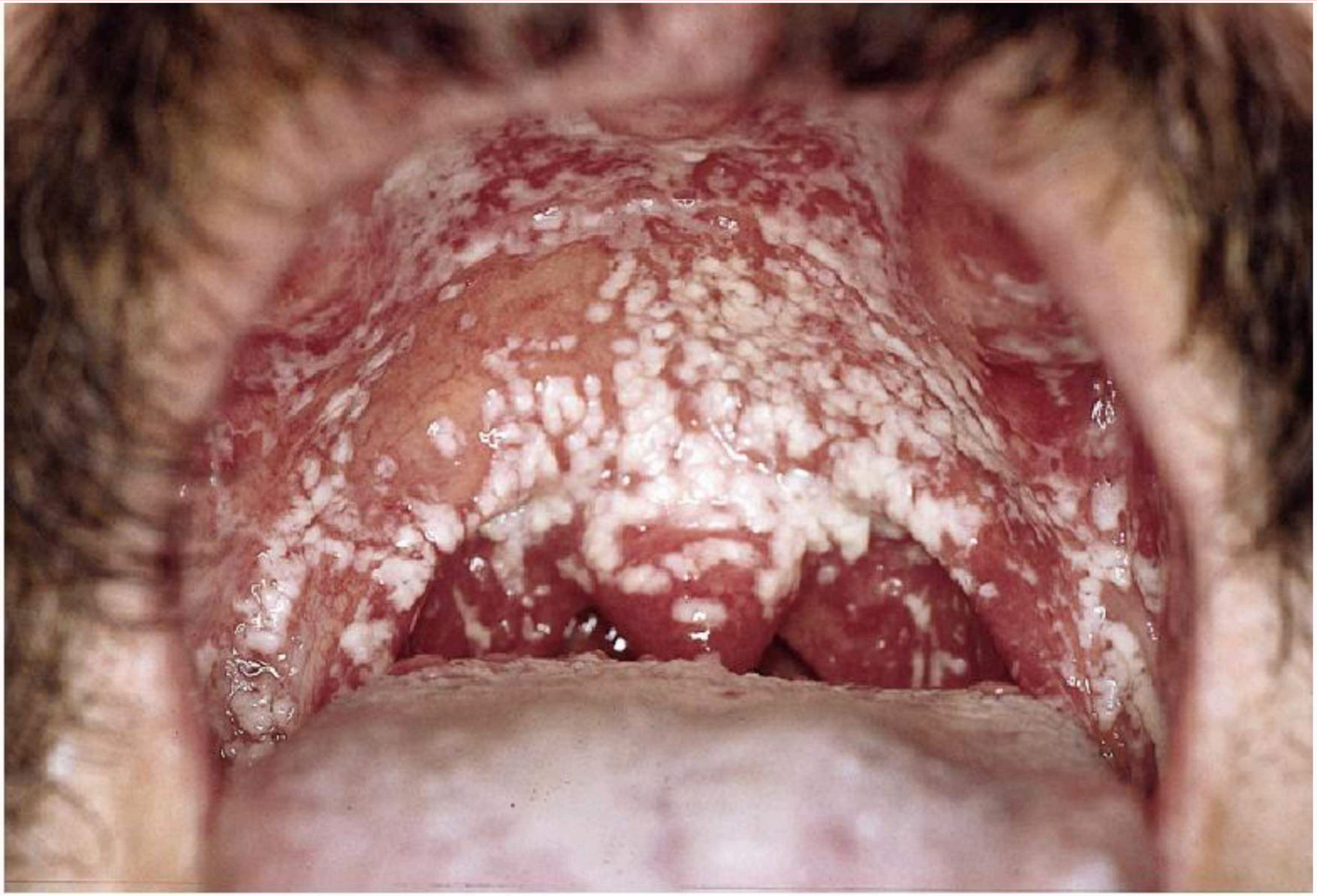


Figure 25-30 Mucosal candidiasis: thrush Extensive cottage cheese-like plaques, colonies of *Candida* that can be removed by rubbing with gauze, on the palate and uvula of an individual with advanced HIV disease. Patches of erythema between the white plaques represent erythematous (atrophic) candidiasis. Involvement may extend into the esophagus and be associated with dysphagia.

Cutaneous Fungal Infections: Candidiasis

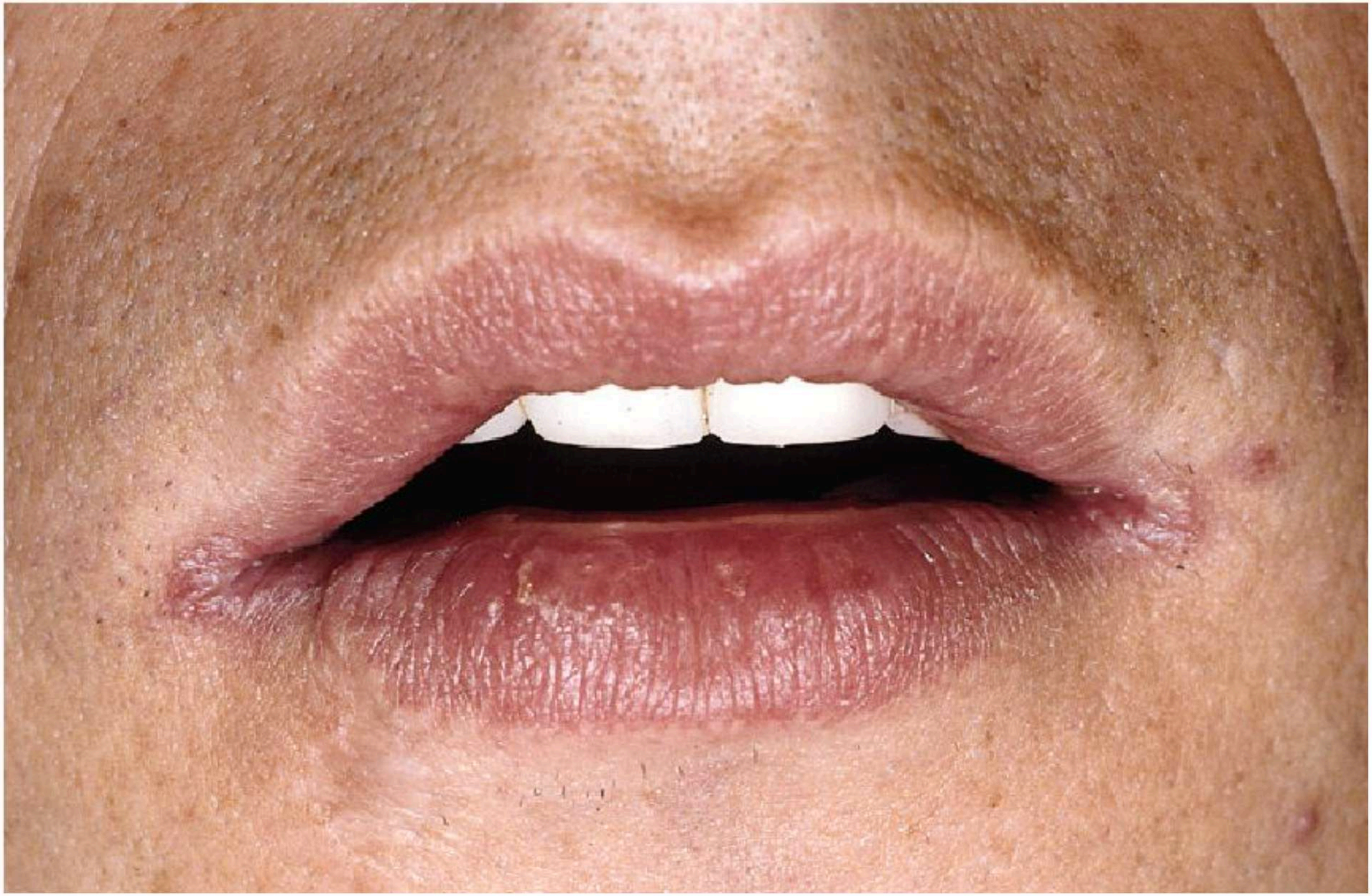


Figure 25-31 Mucosal candidiasis: angular cheilitis Erythema and erosion at the commissures of the lips were associated with oropharyngeal candidiasis in an HIV-infected individual.

Cutaneous Fungal Infections: Pityriasis Versicolor

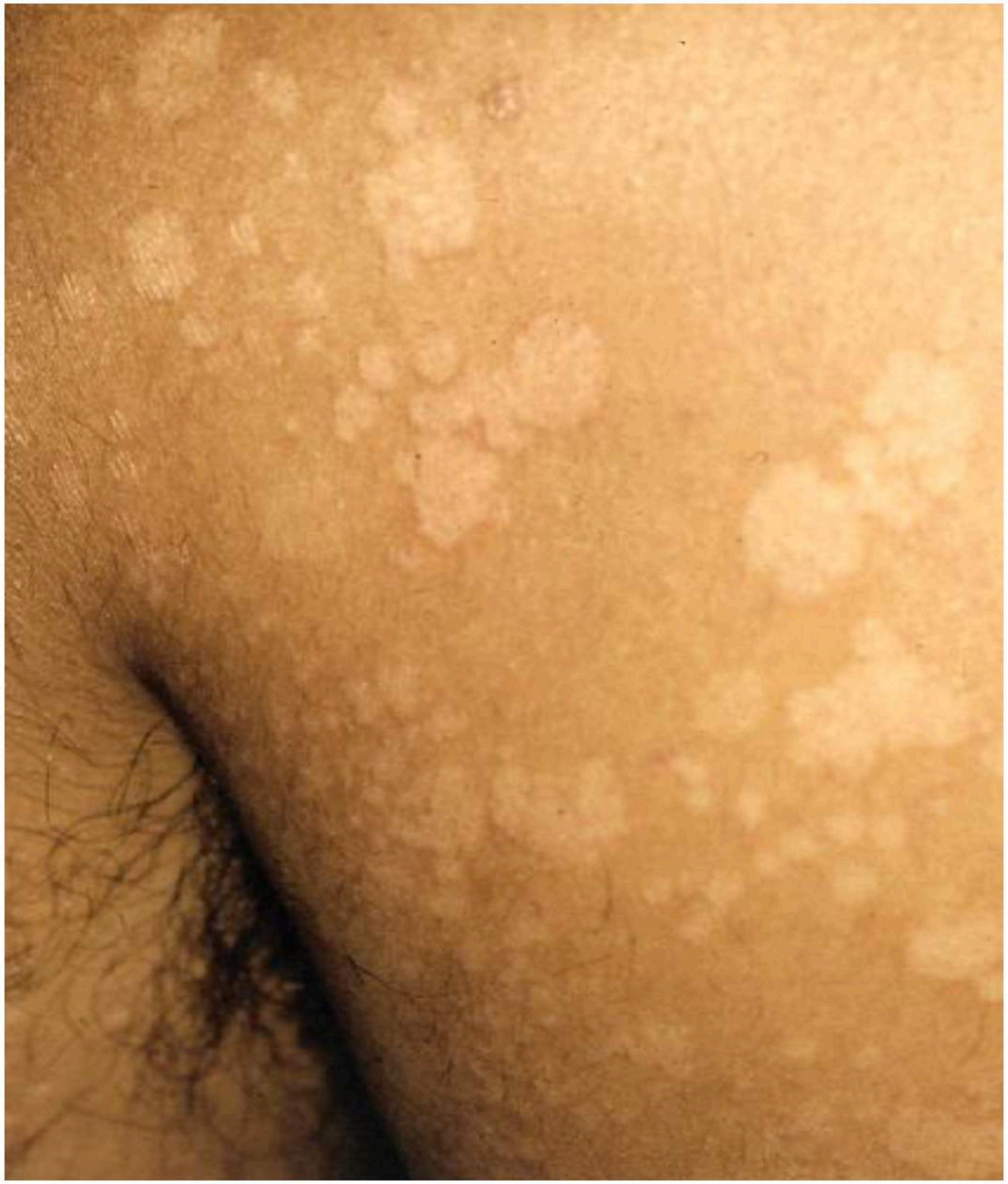


Figure 25-32 Pityriasis versicolor Hypopigmented, sharply marginated, scaling macules on the shoulder area of an individual with brown skin. Gentle abrasion of the surface accentuates the scaling.

Cutaneous Fungal Infections: Pityriasis Versicolor

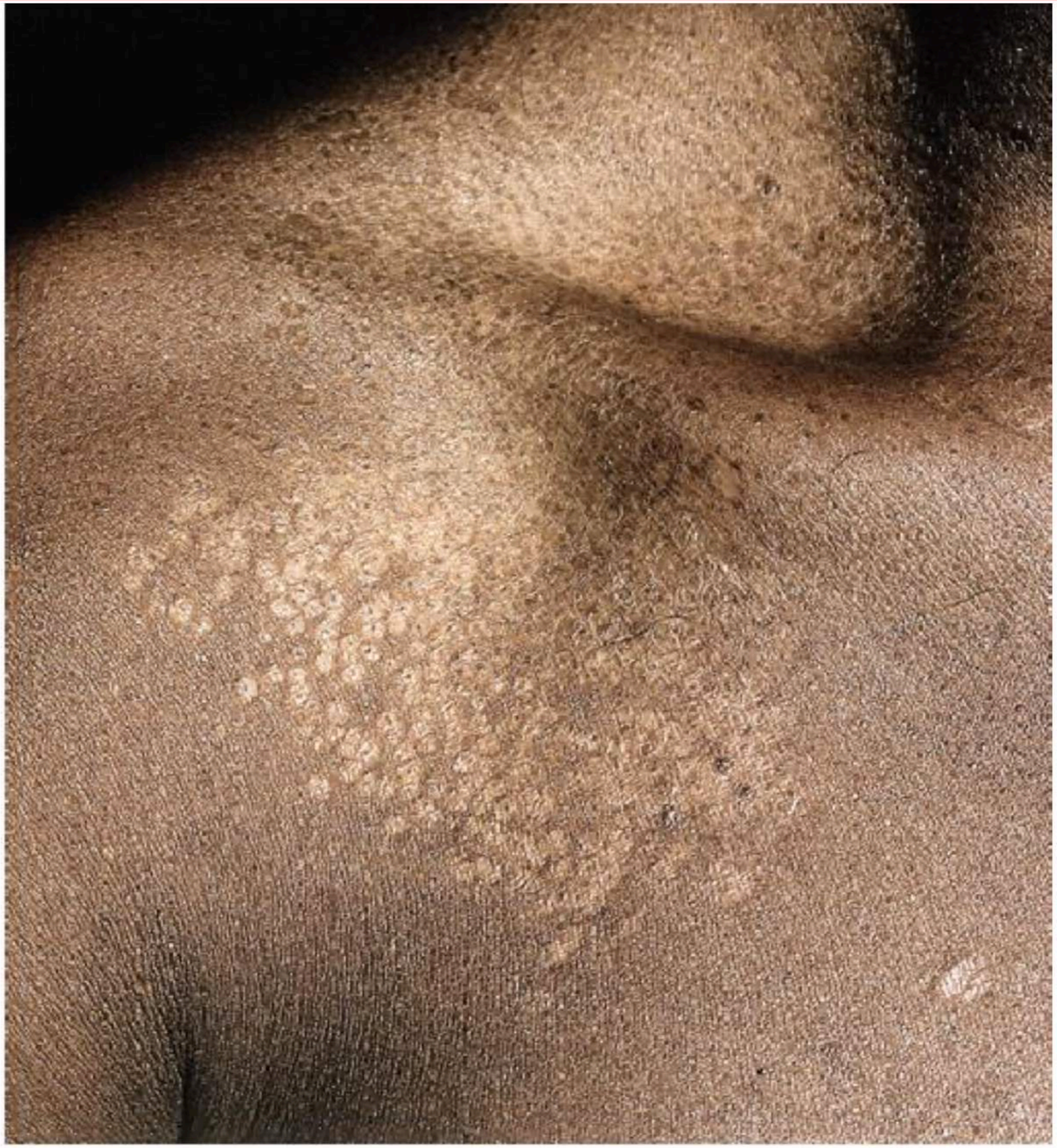


Figure 25-33 Pityriasis versicolor Follicular, hypopigmented macules on the upper chest of an individual with black skin.

Cutaneous Fungal Infections: Pityriasis Versicolor

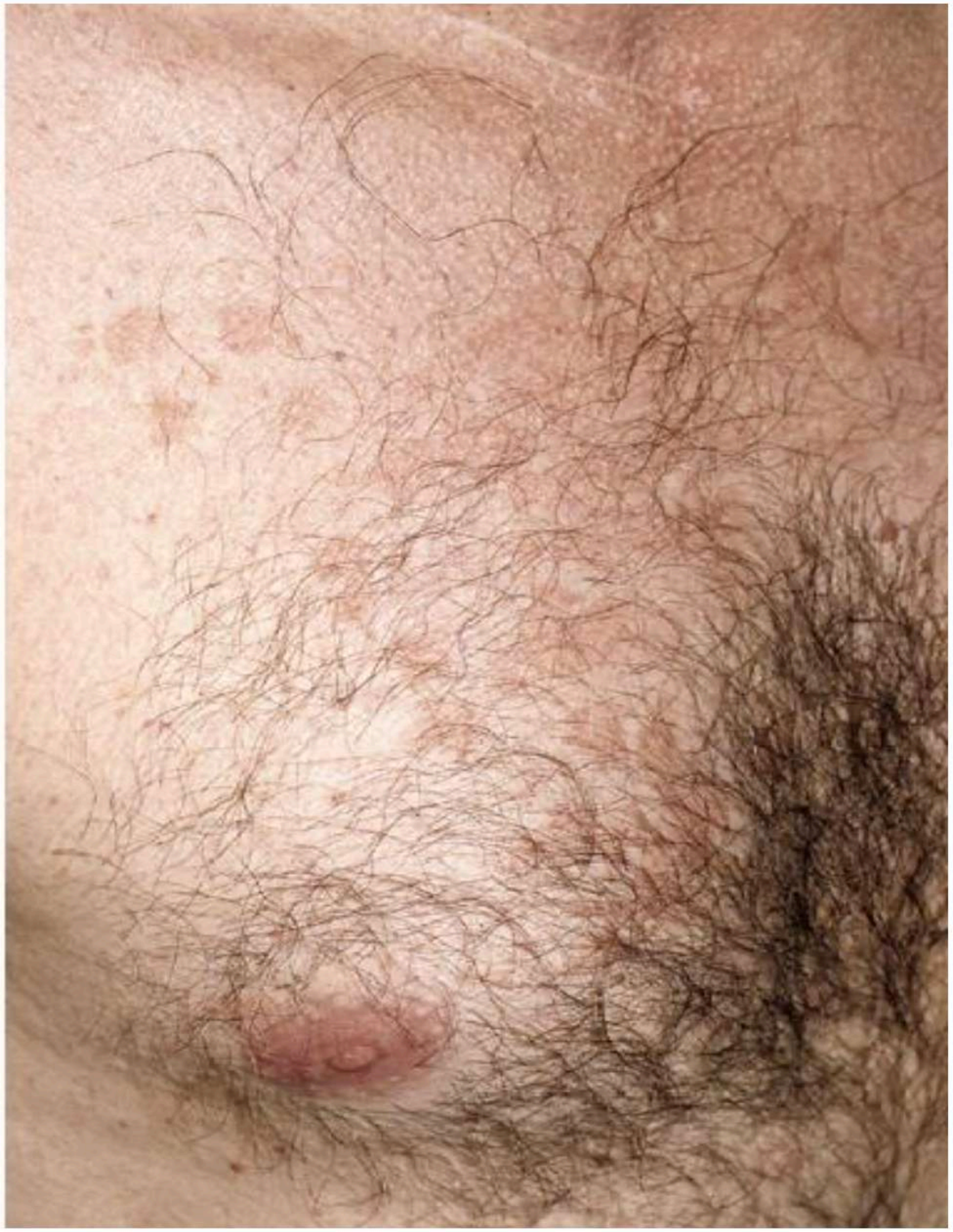
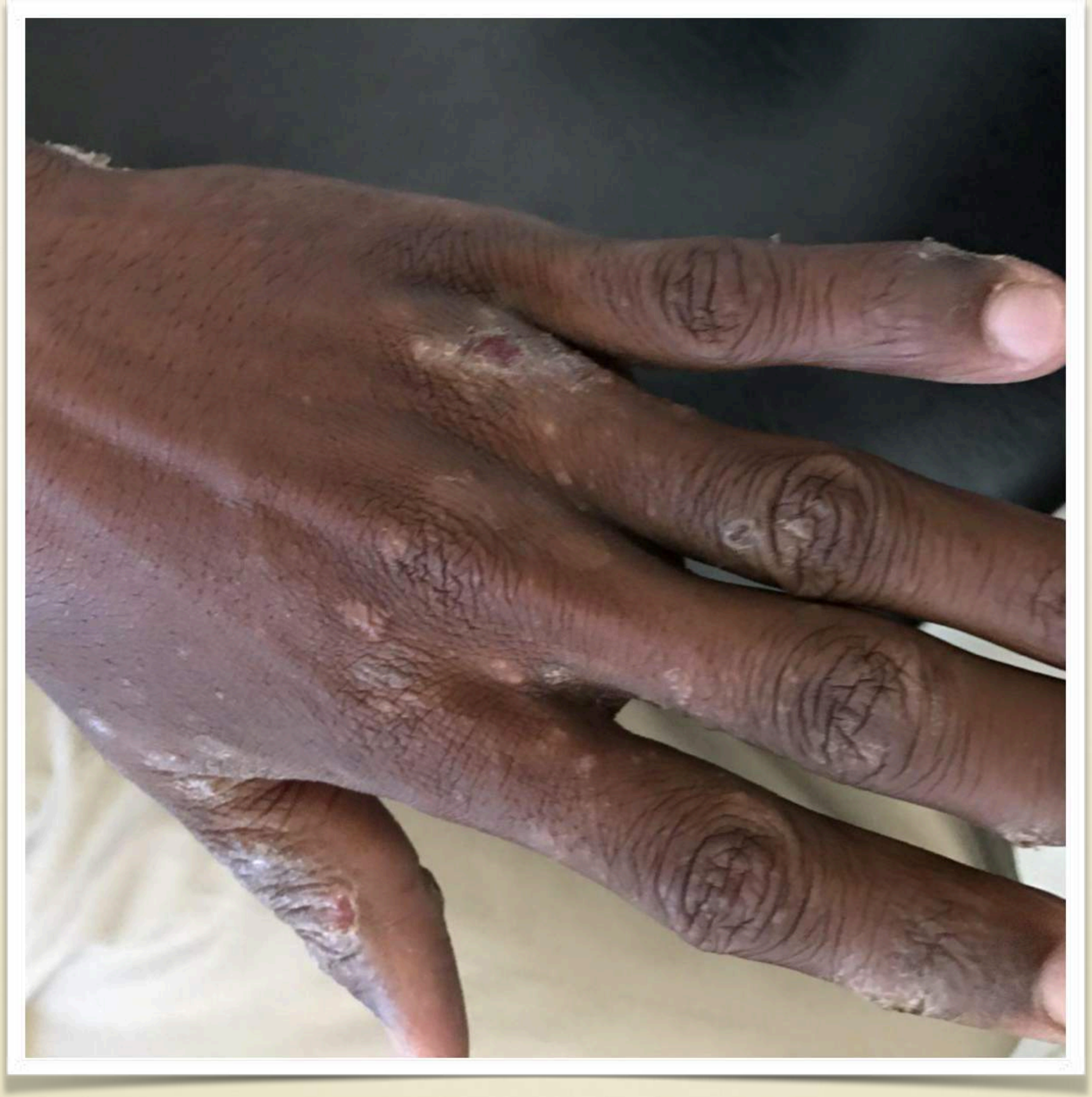
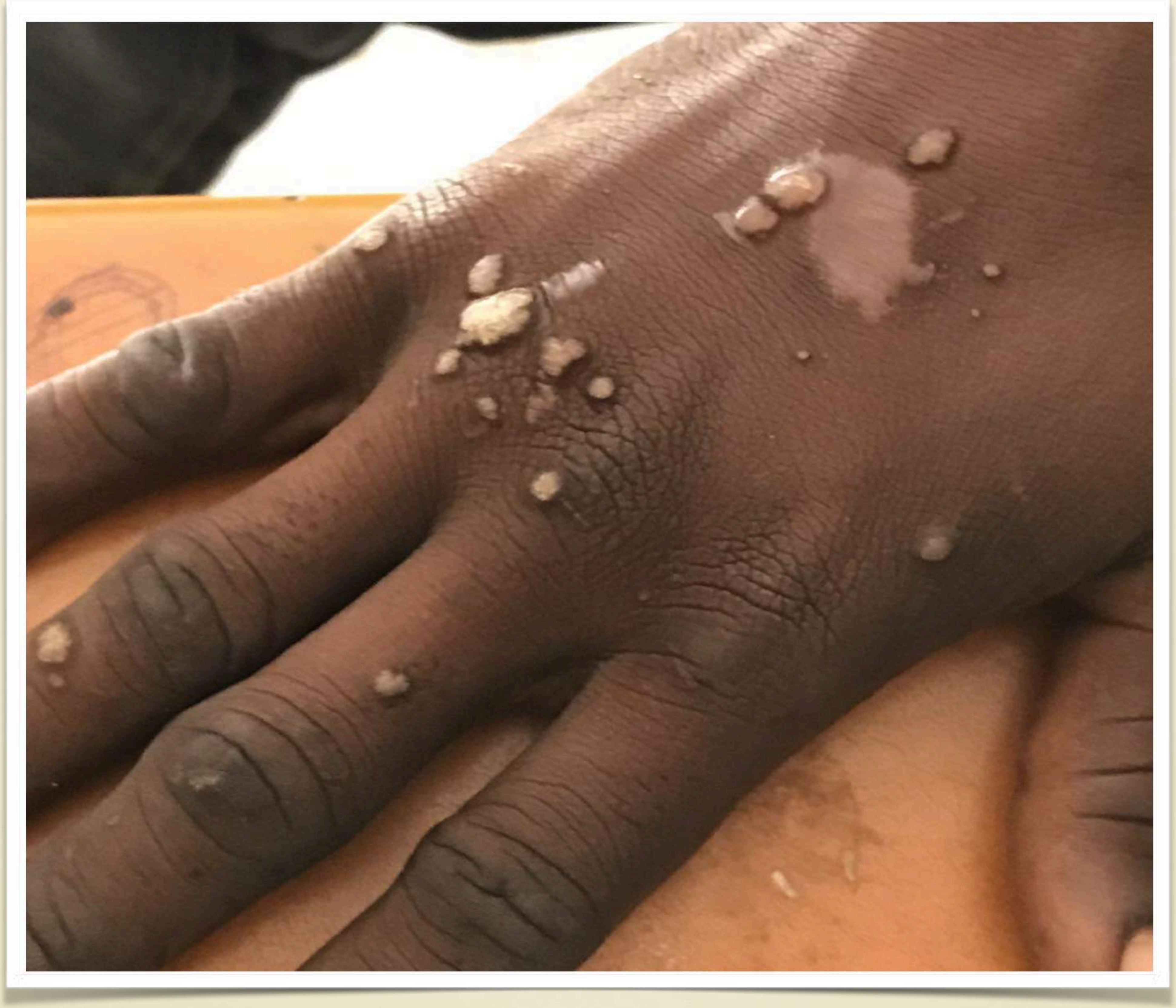


Figure 25-34 Pityriasis versicolor Pink-tan macules on the chest of an individual with white skin are difficult to visualize and are often overlooked during physical examination.

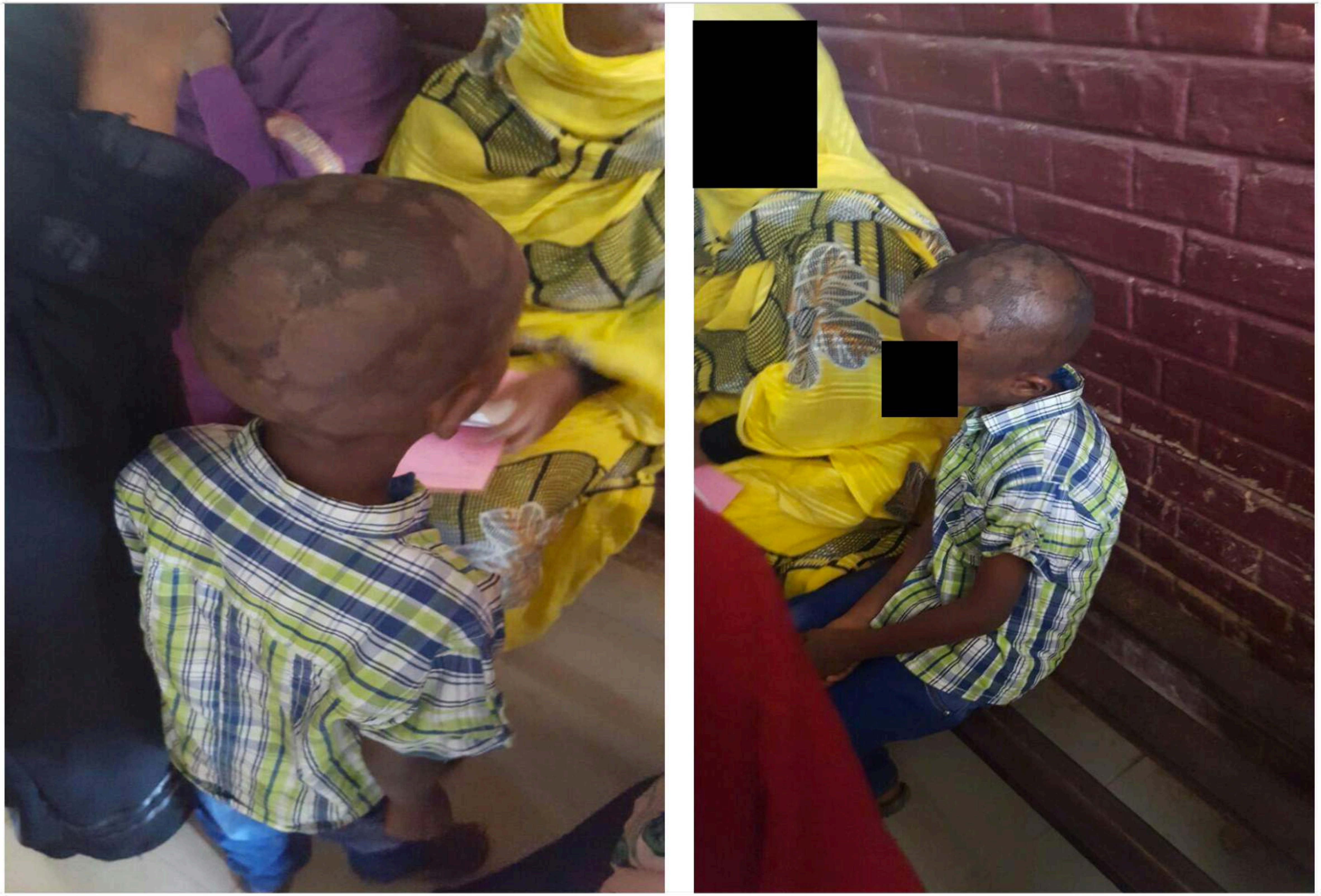
Answers will follow the pictures so you can test your information:



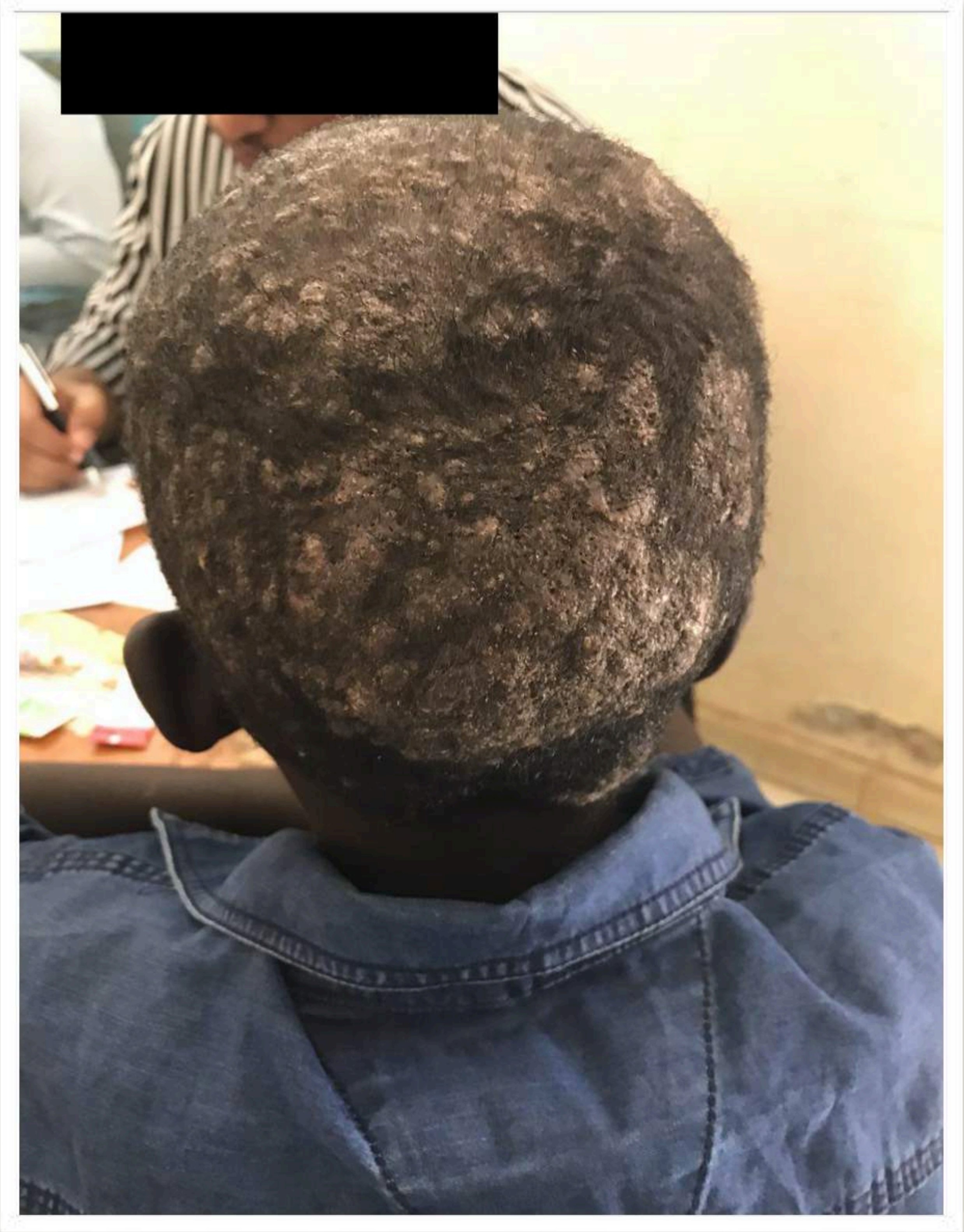
Scabies.



Warts.

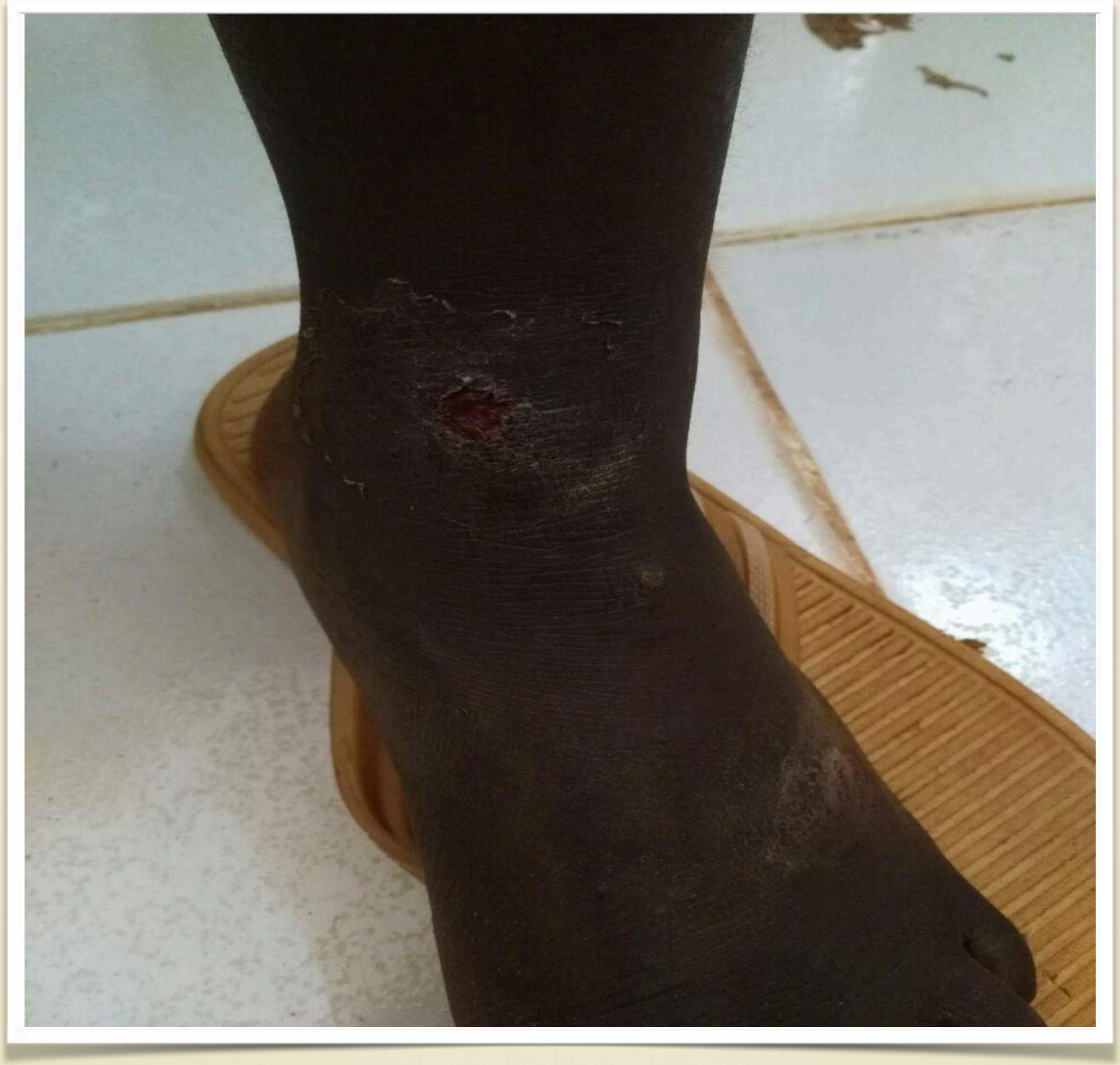


Tinea Capitis (Scaly).

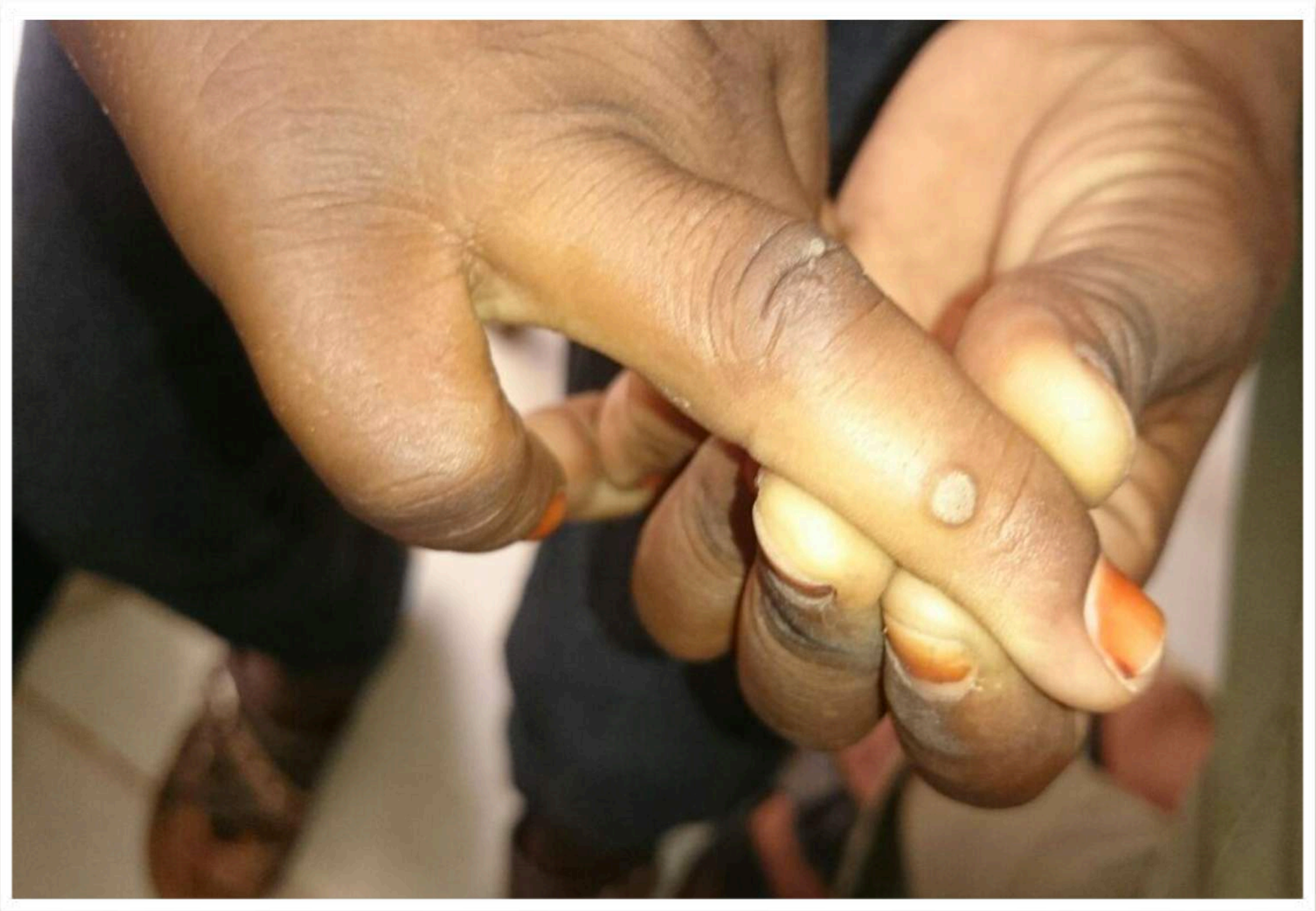


[redacted]

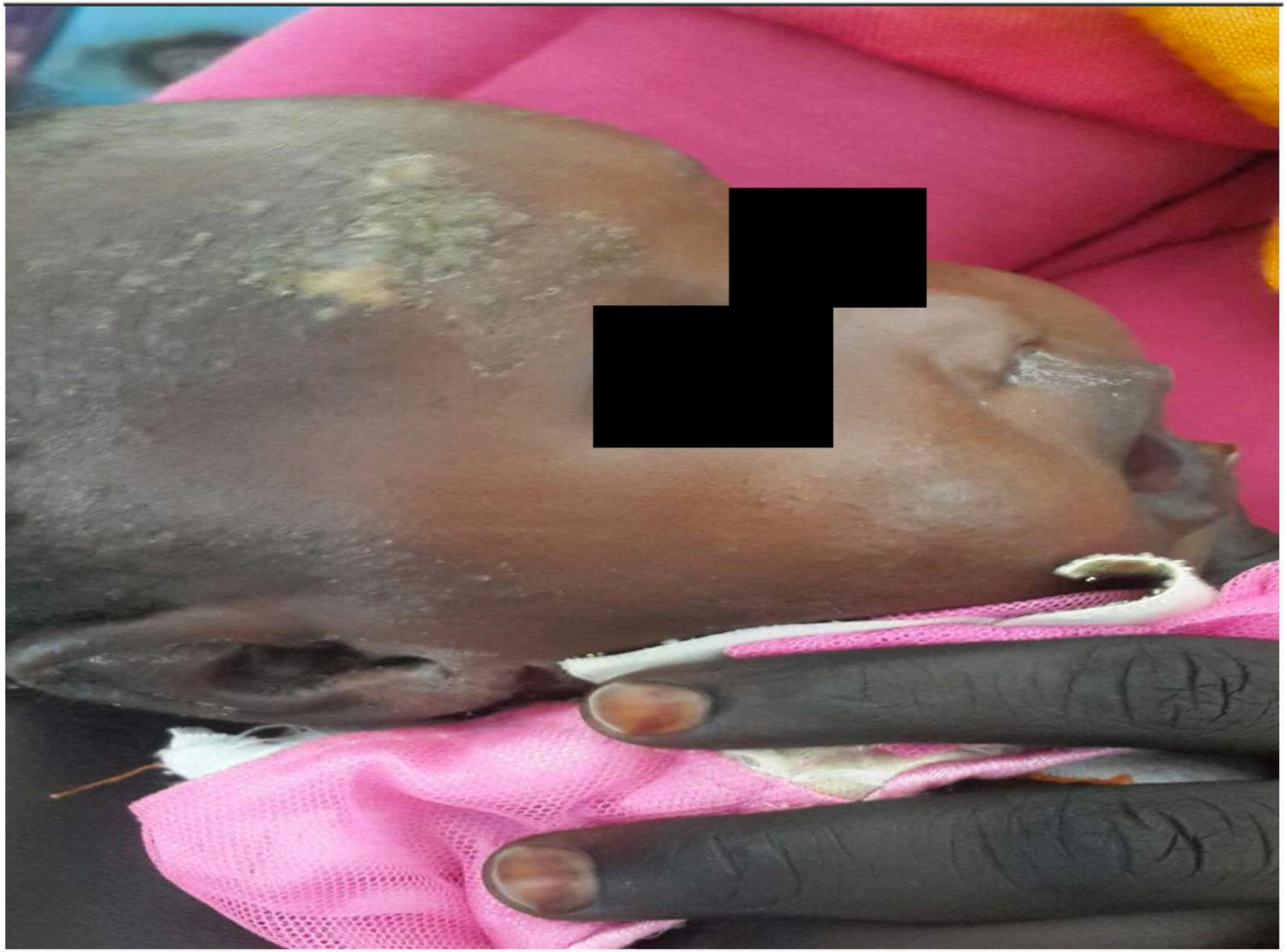
Tinea Capitis - Kerion.



Eczema.

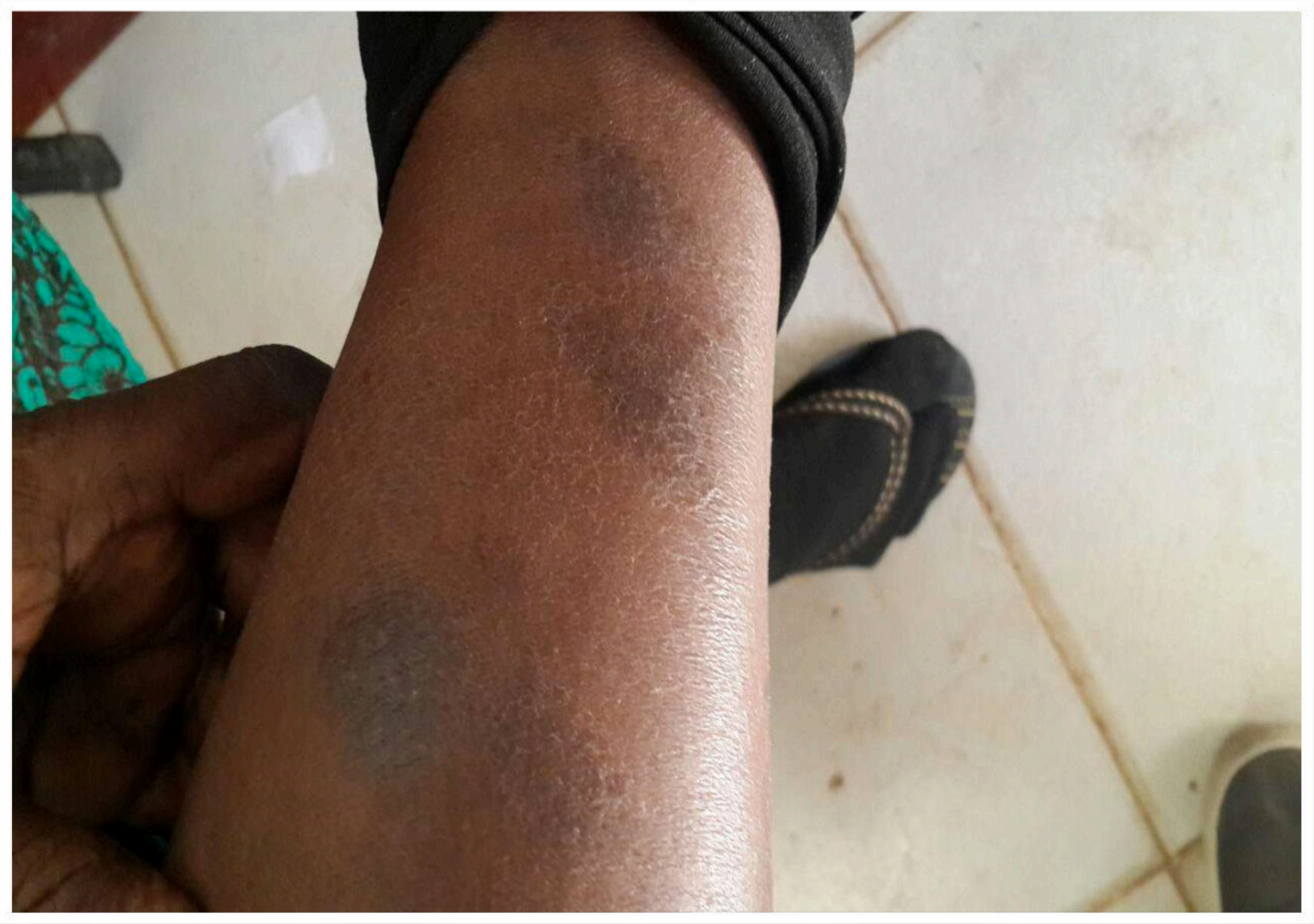


Wart.

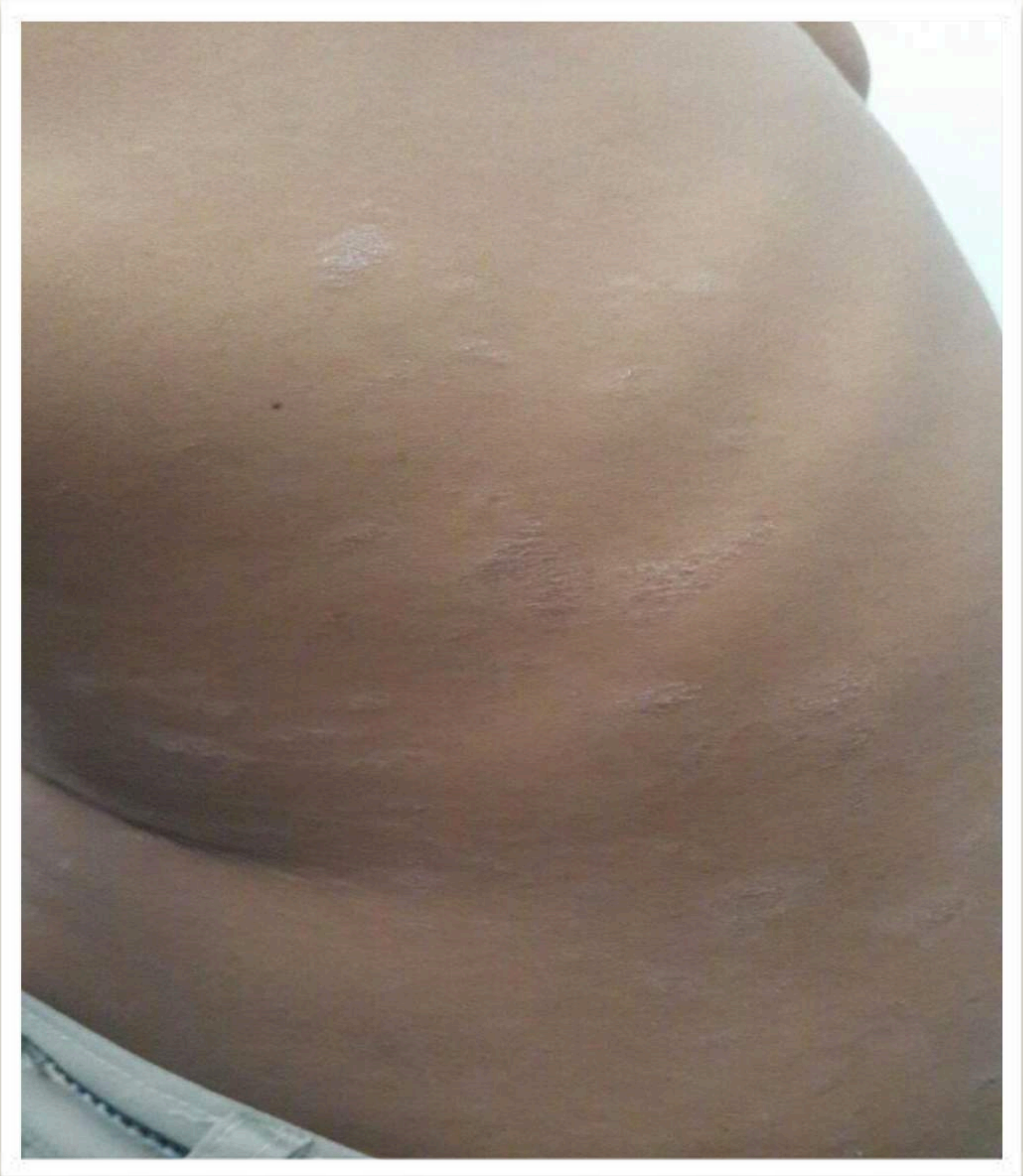


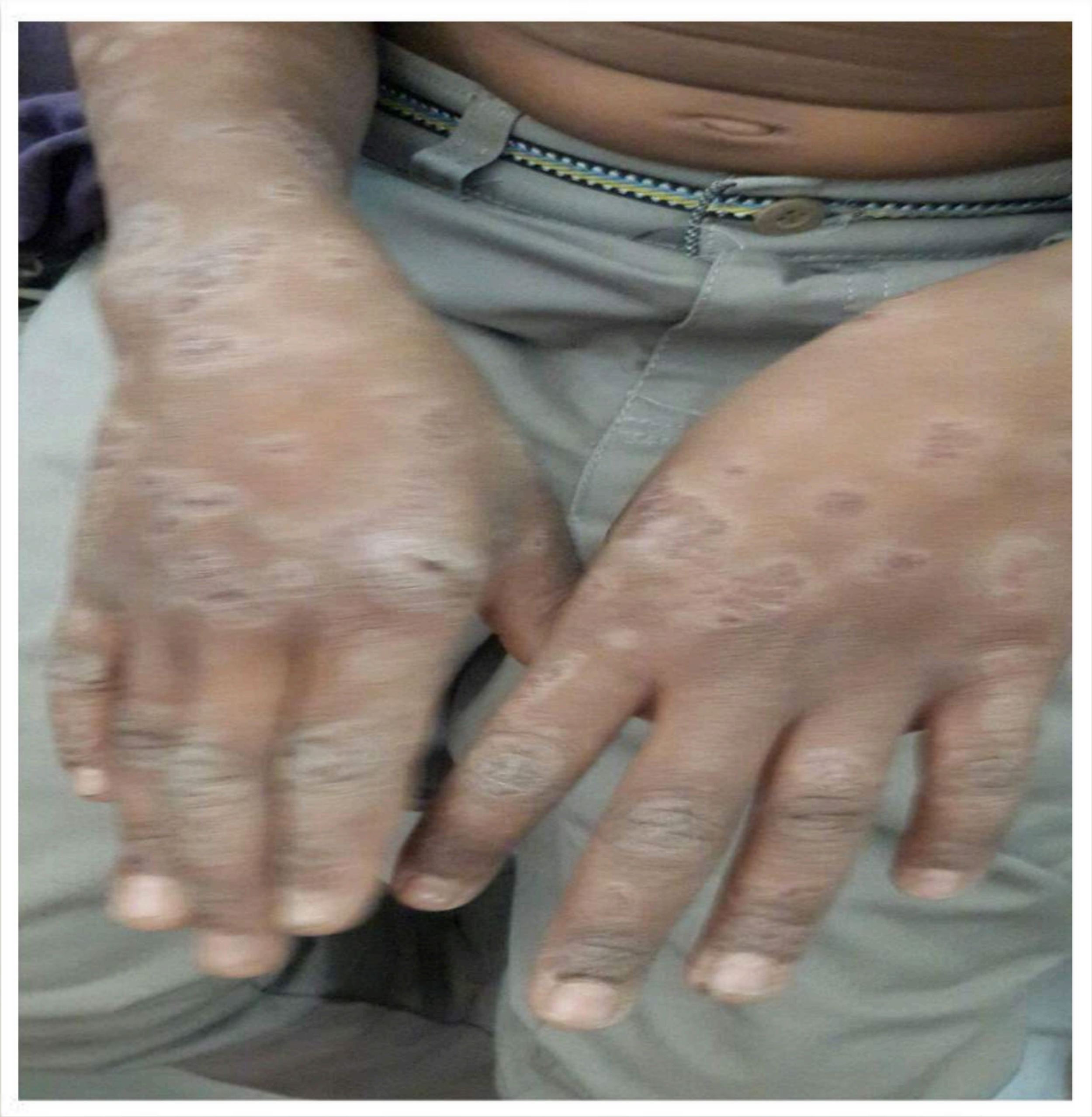
[redacted]

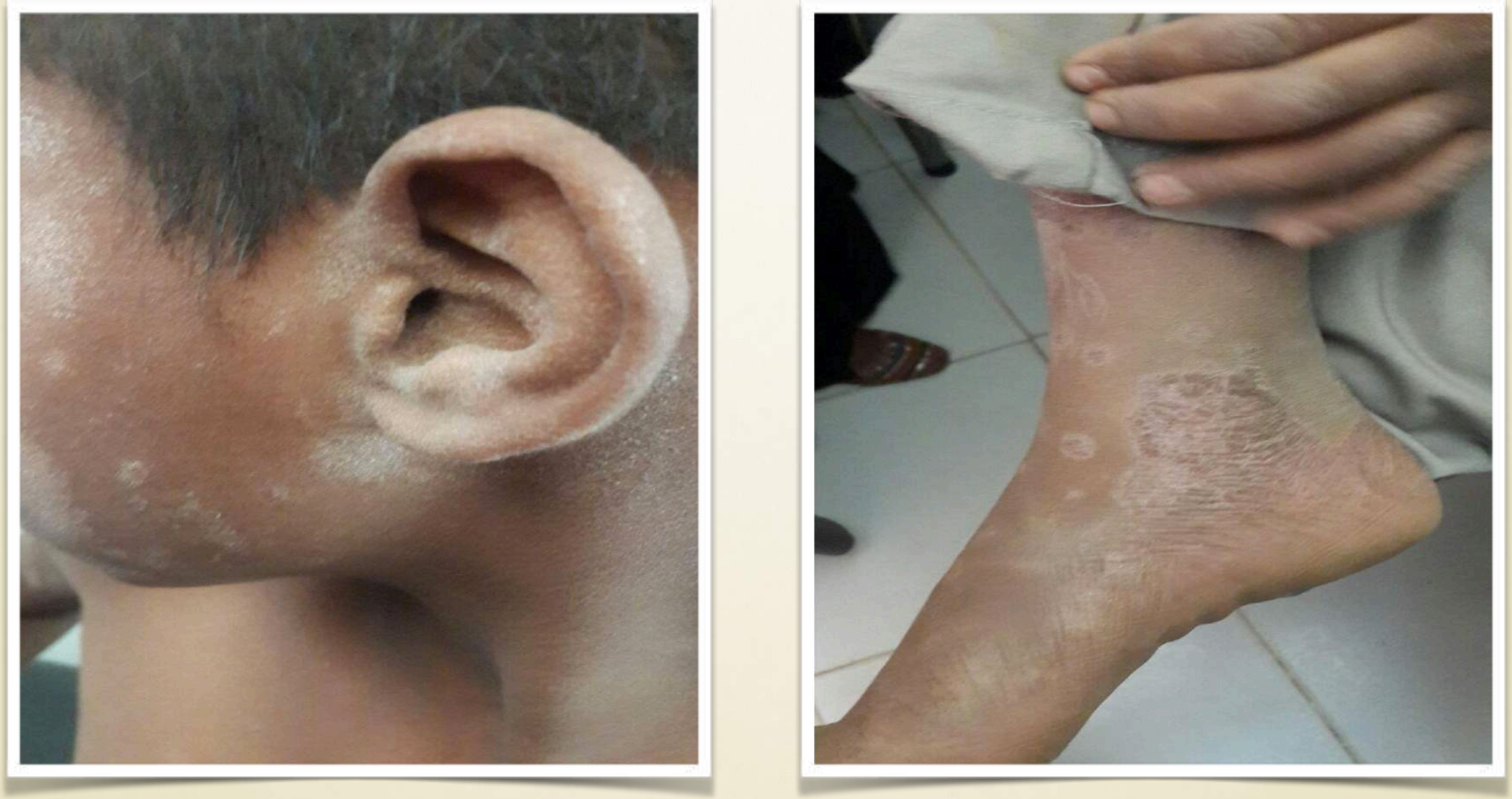
Seborrheic dermatitis.



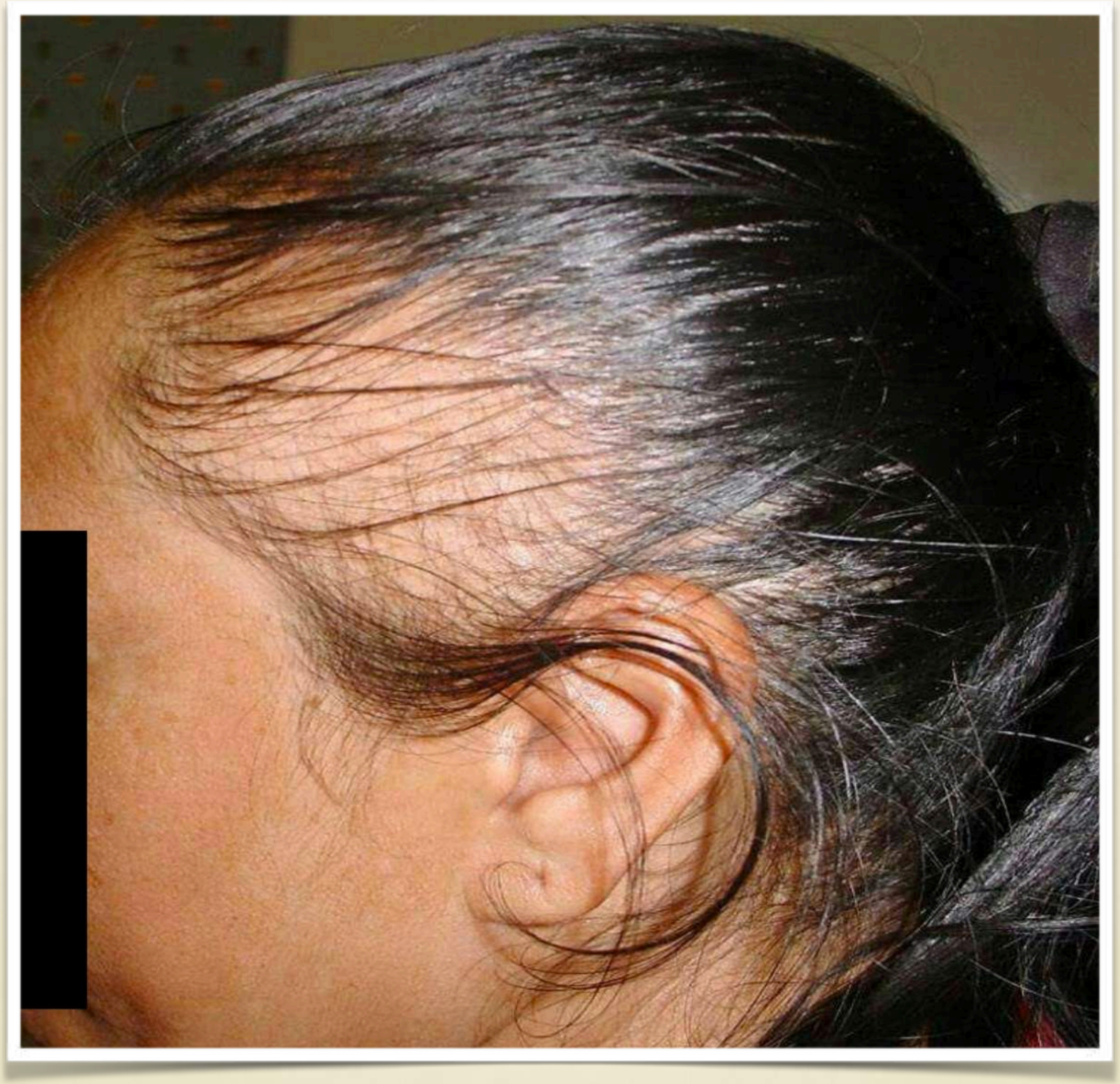
Chronic Eczema.





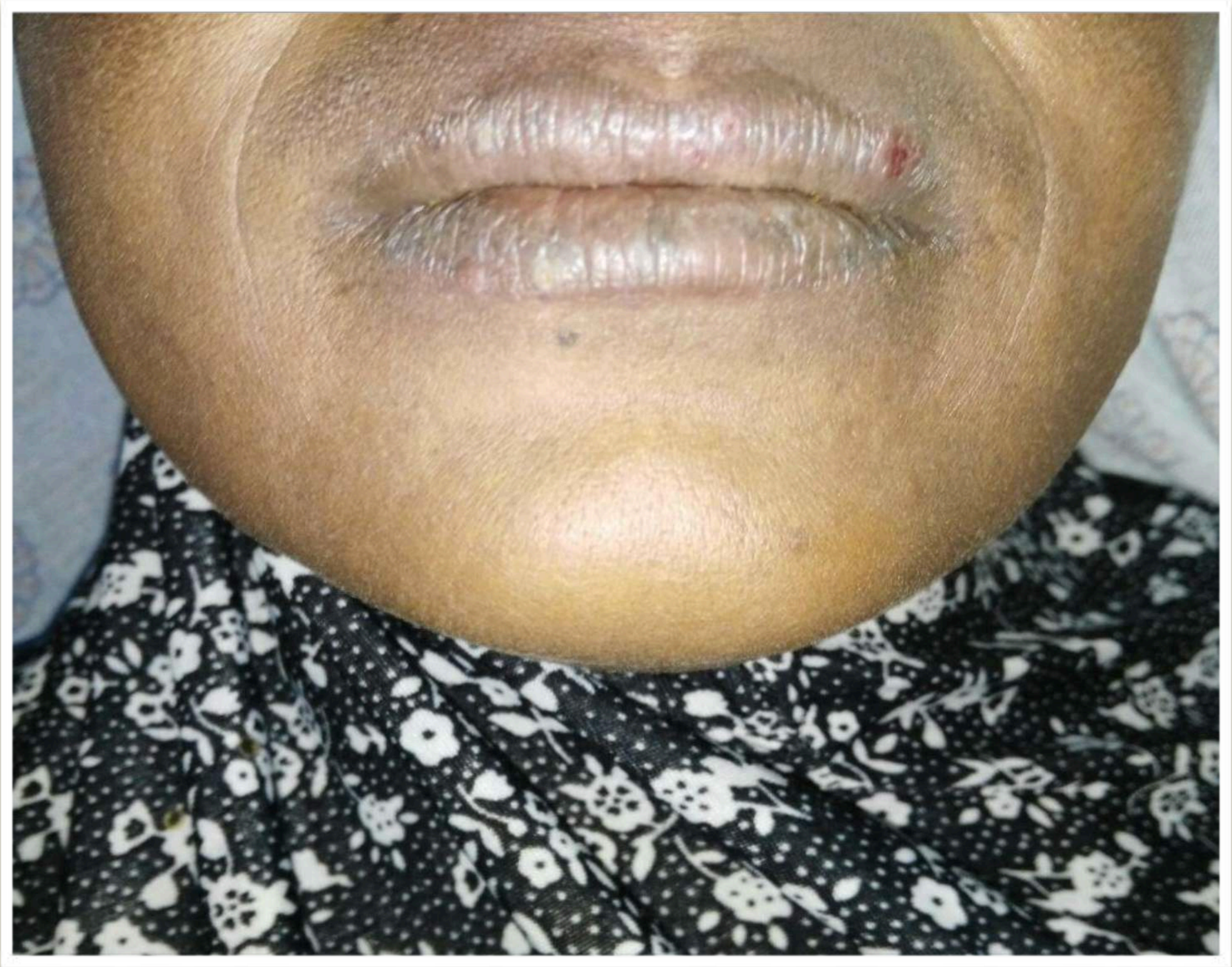


Pityriasis rubra pilaris.

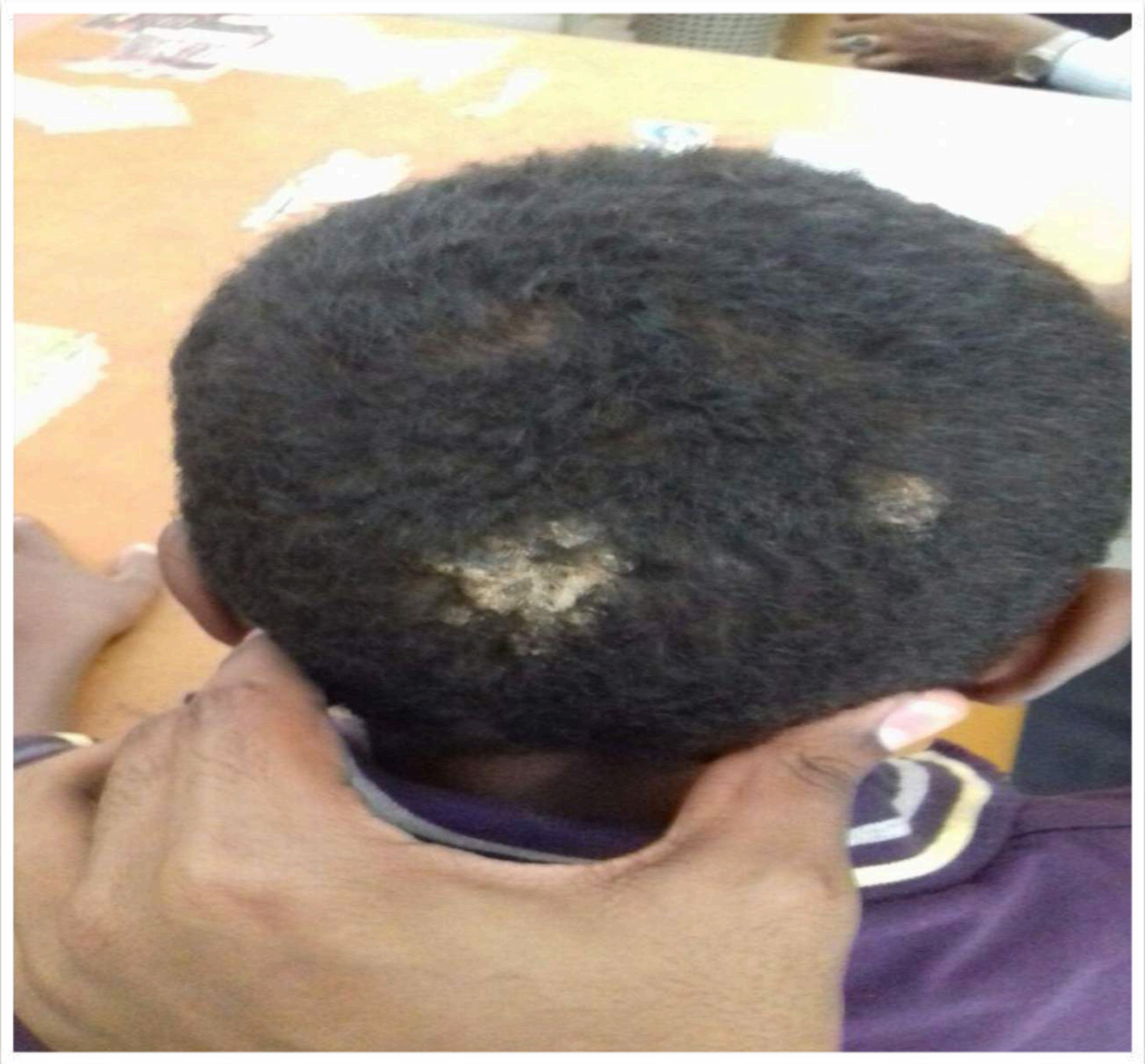


[redacted]

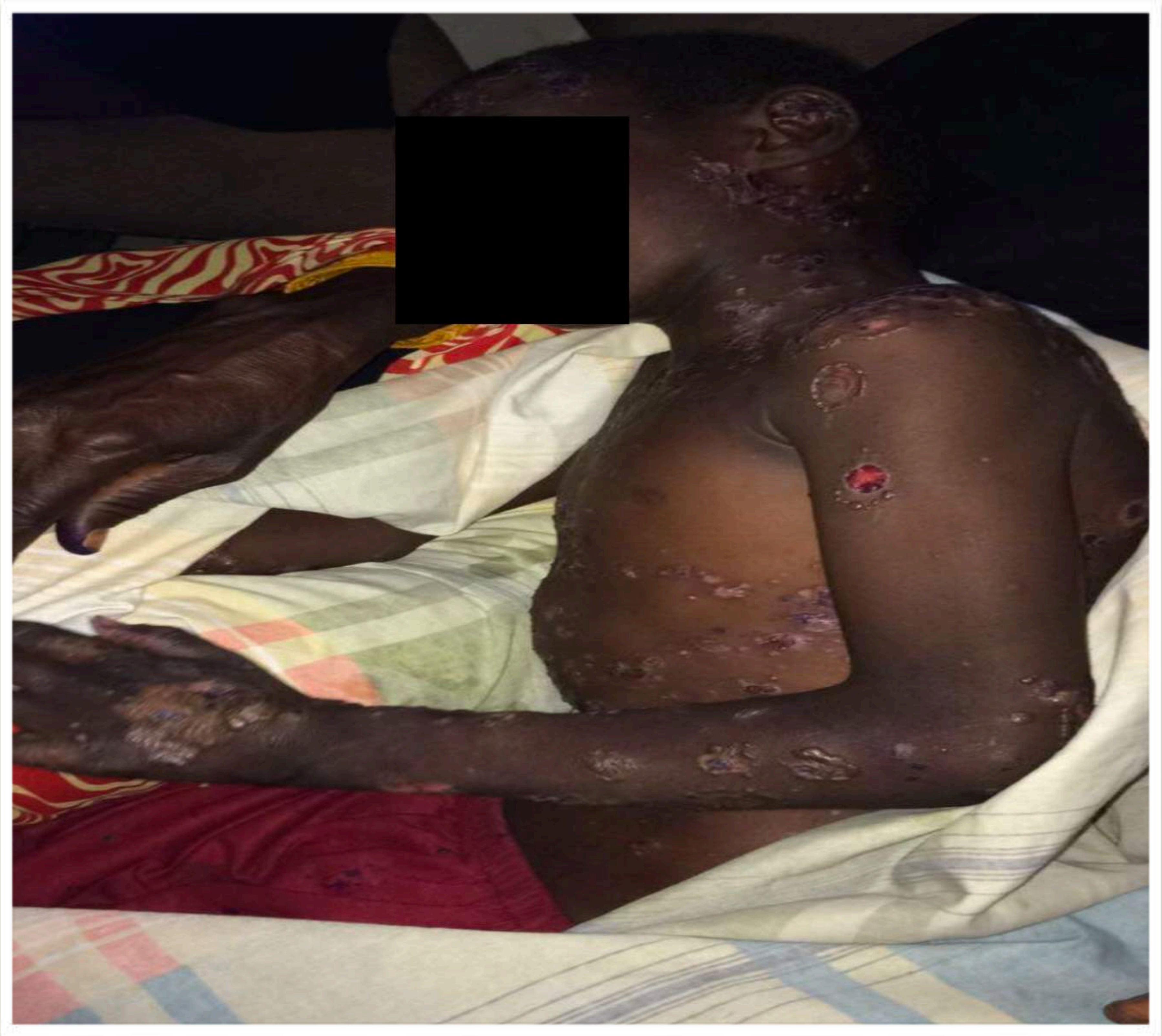
Alopecia Areata.



Herpes Labialis.

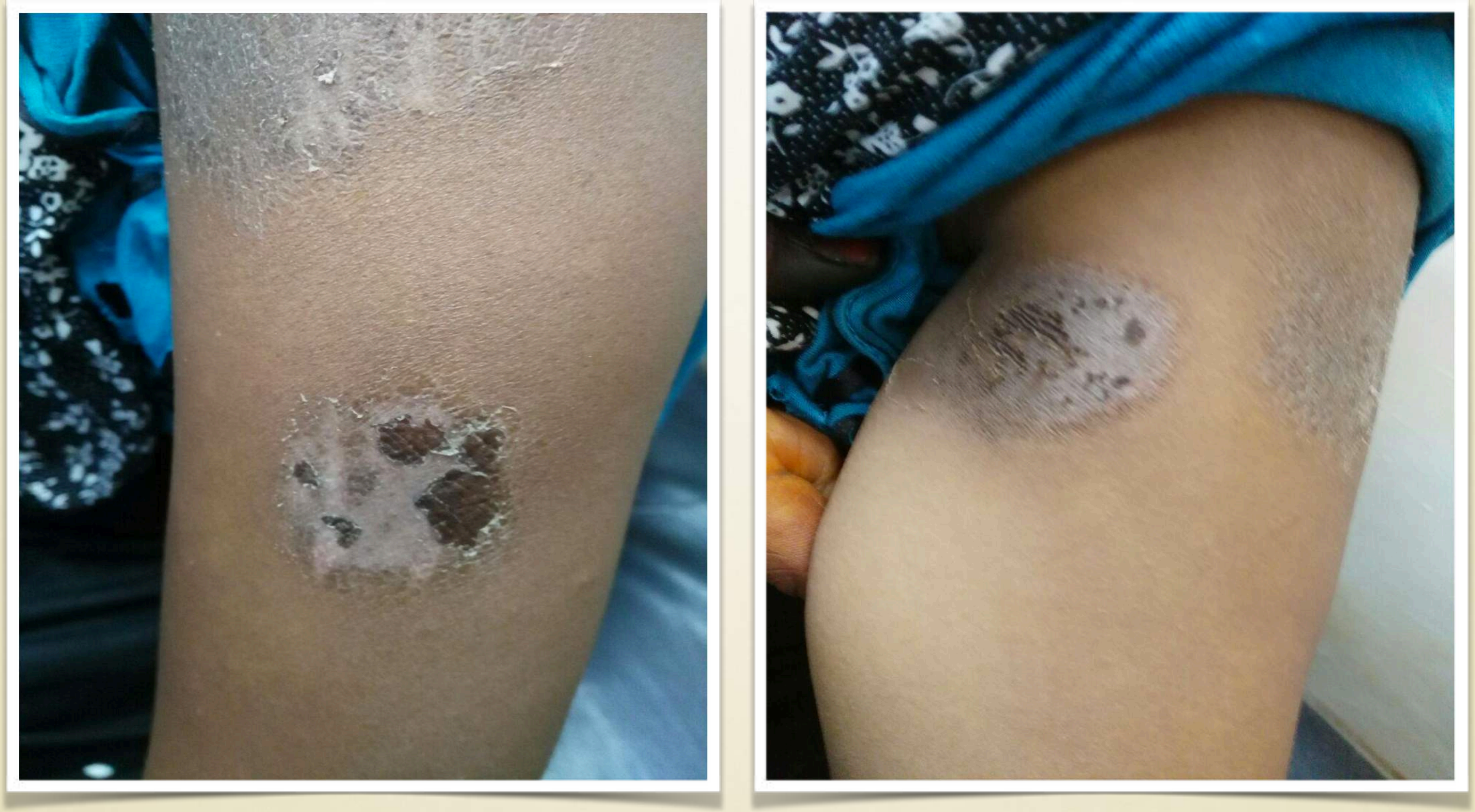


Tinea Capitis - Favus.

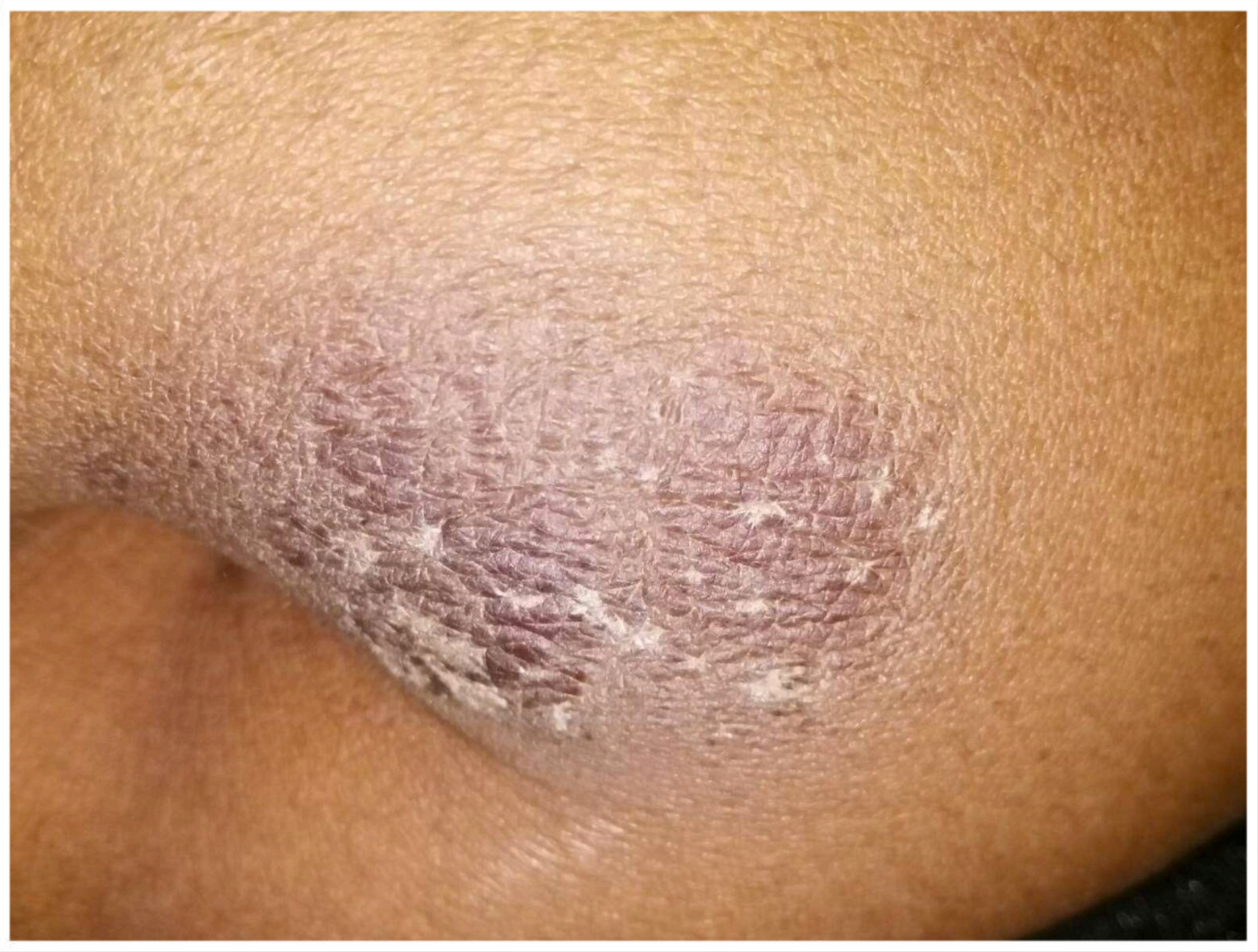


[redacted]

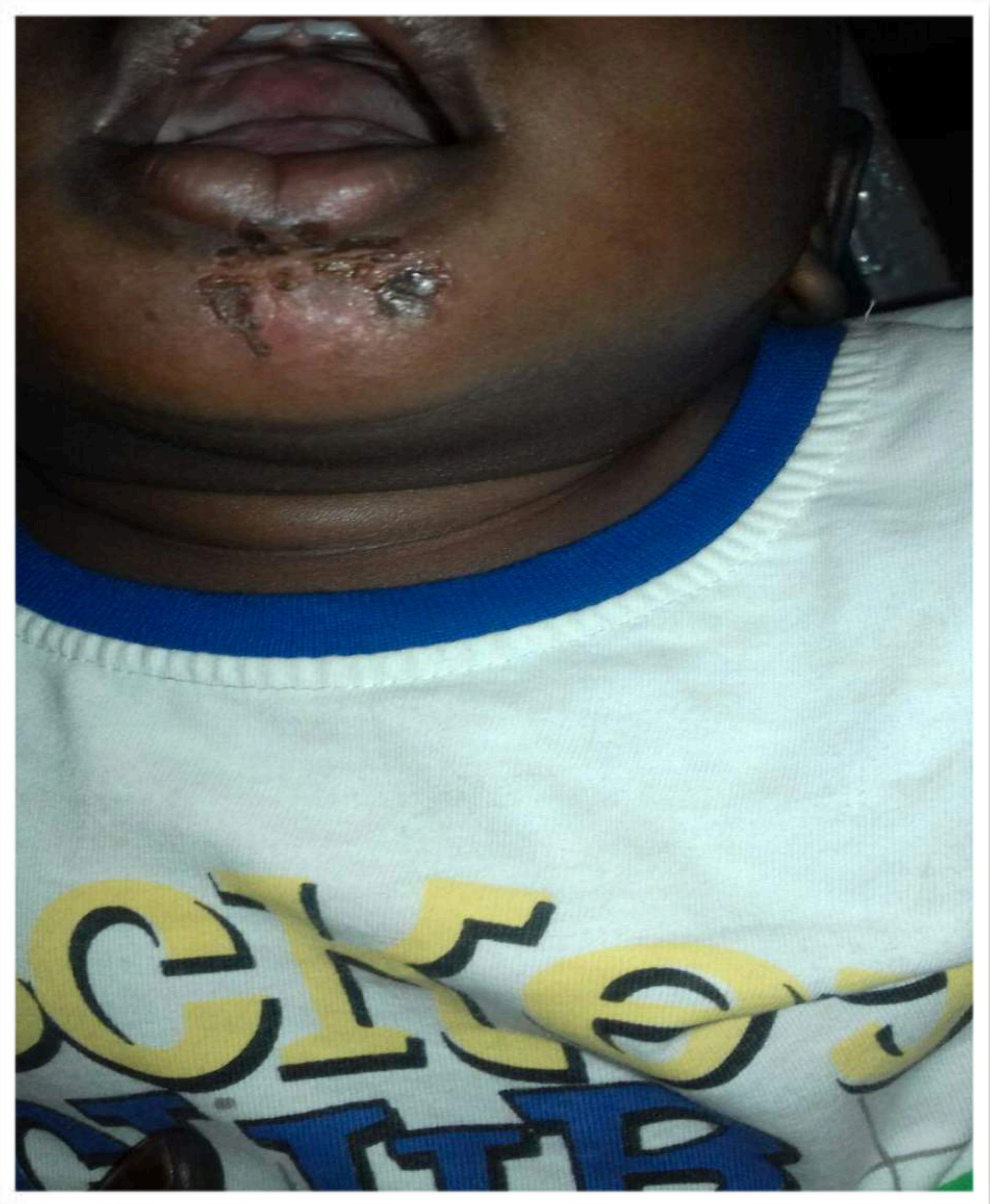
Chronic Bullous disease in a child.

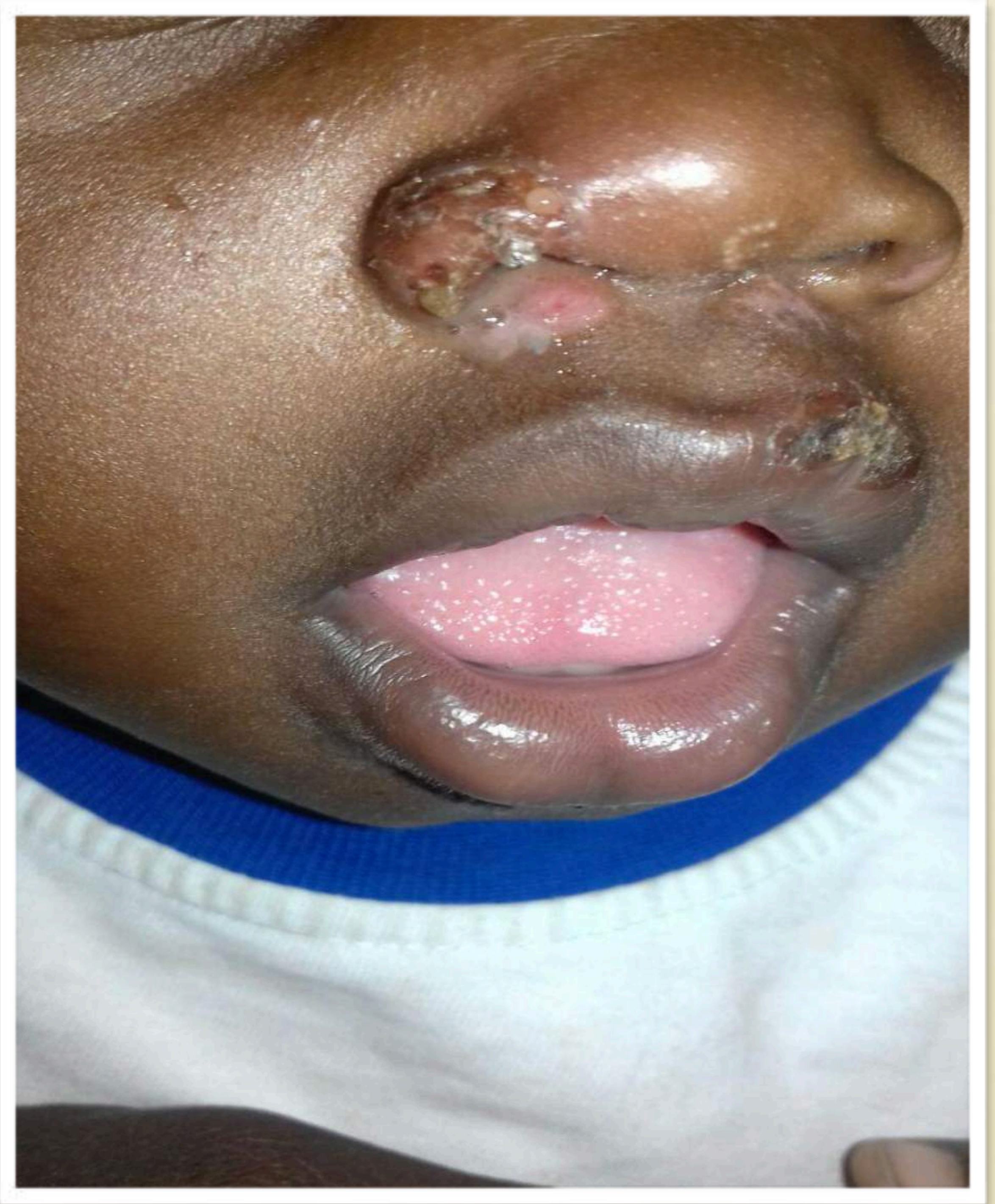


Fixed drug eruption.

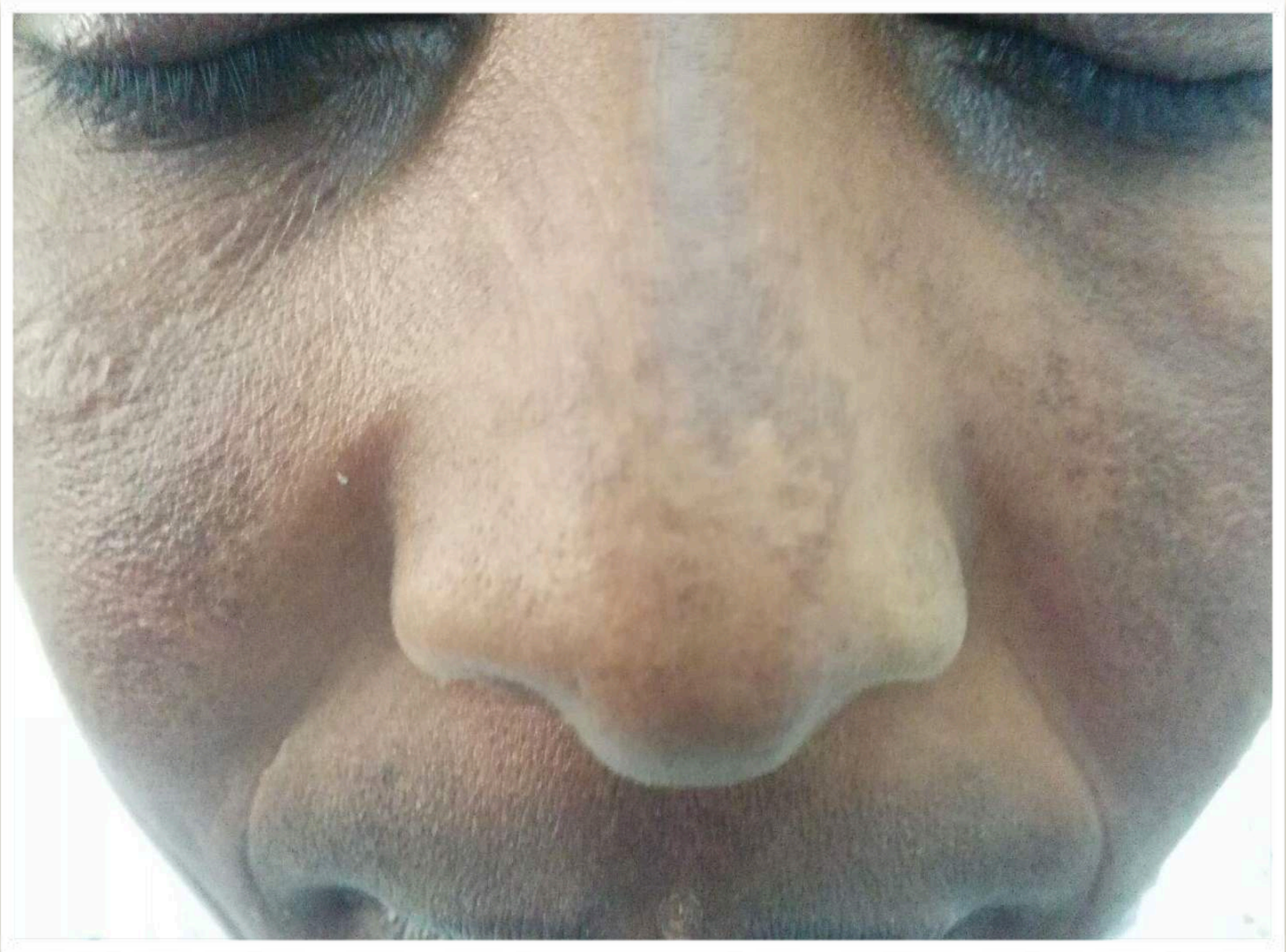


Fixed drug eruption.

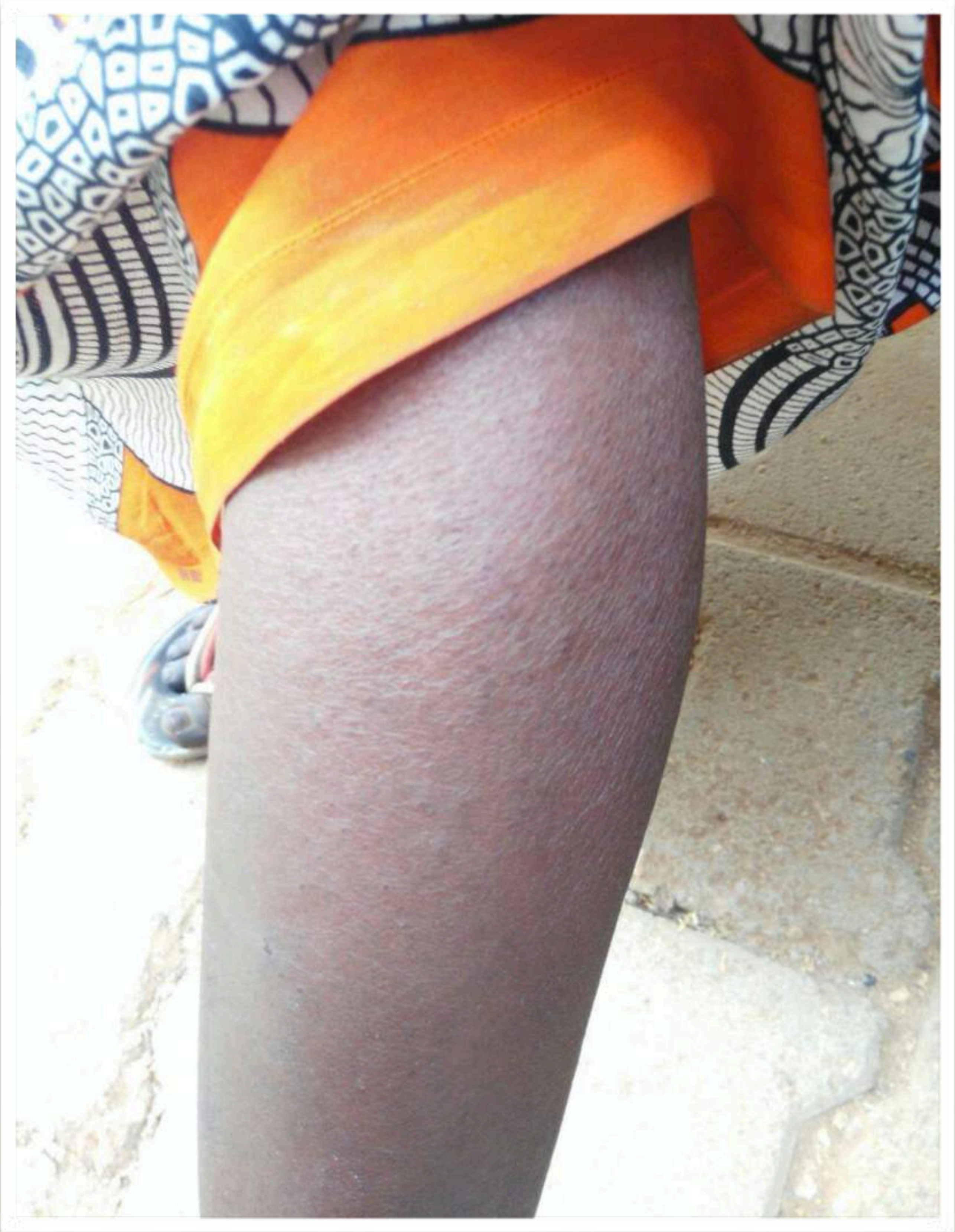




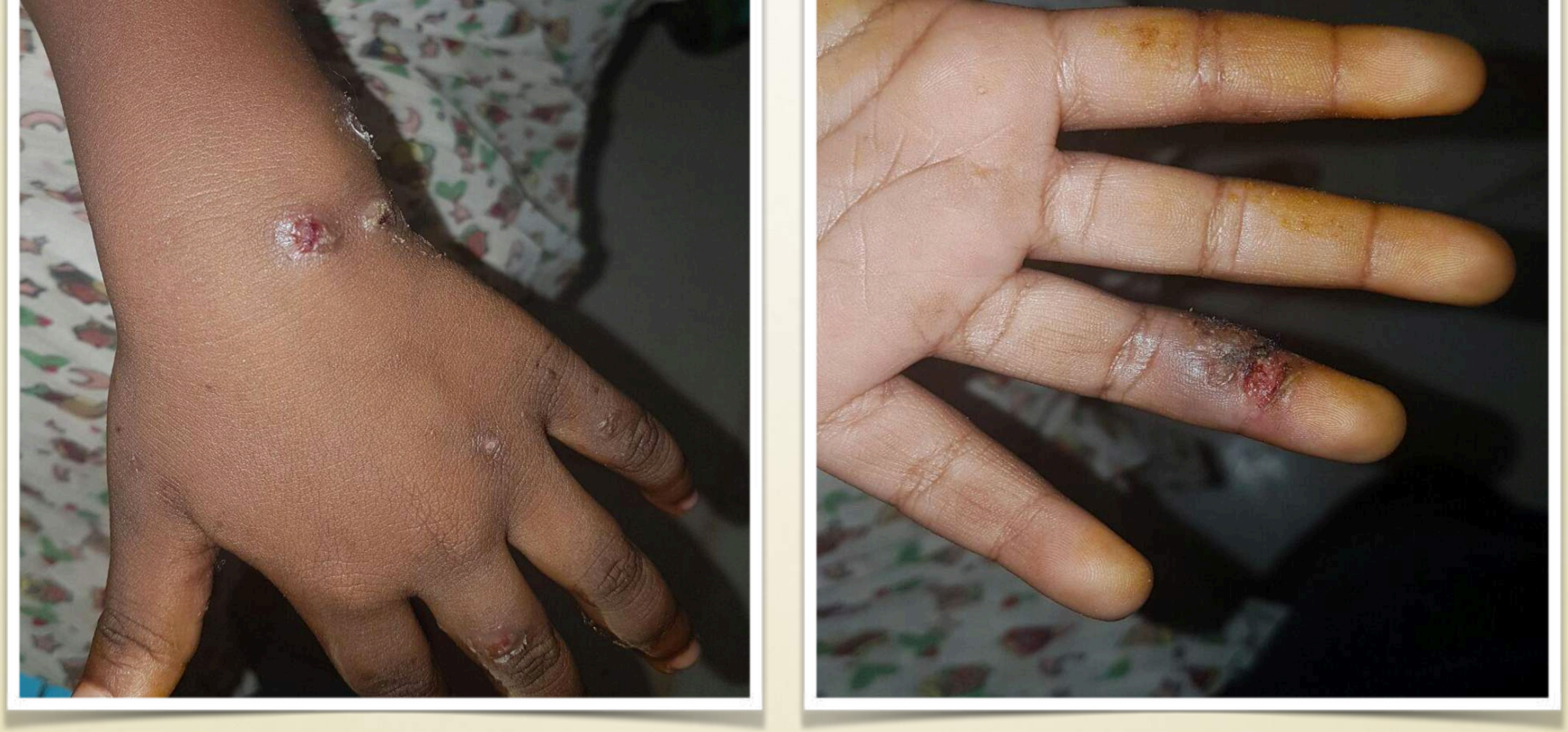
Impetigo.



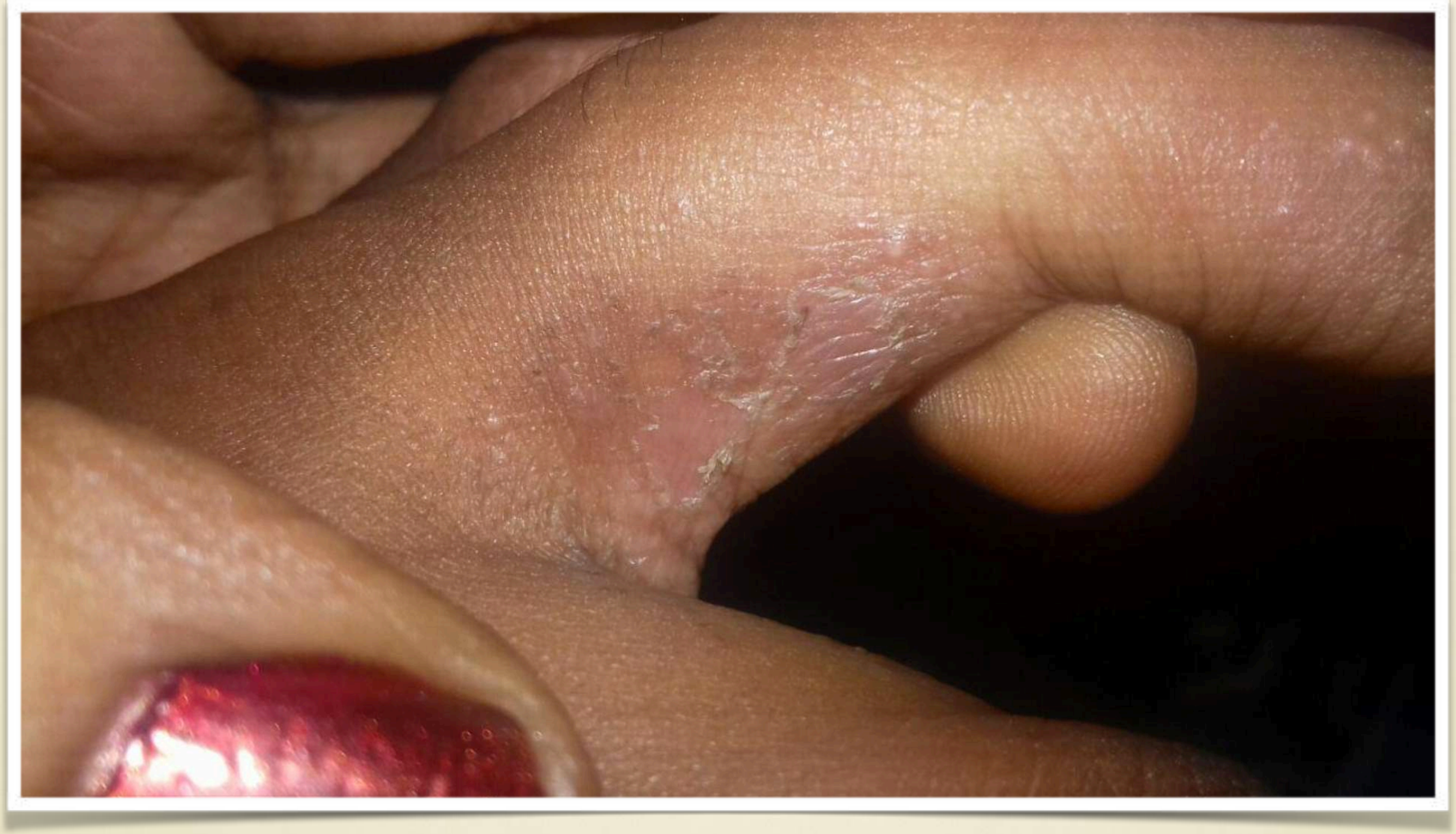
Systemic Lupus Erythematosus - SLE.



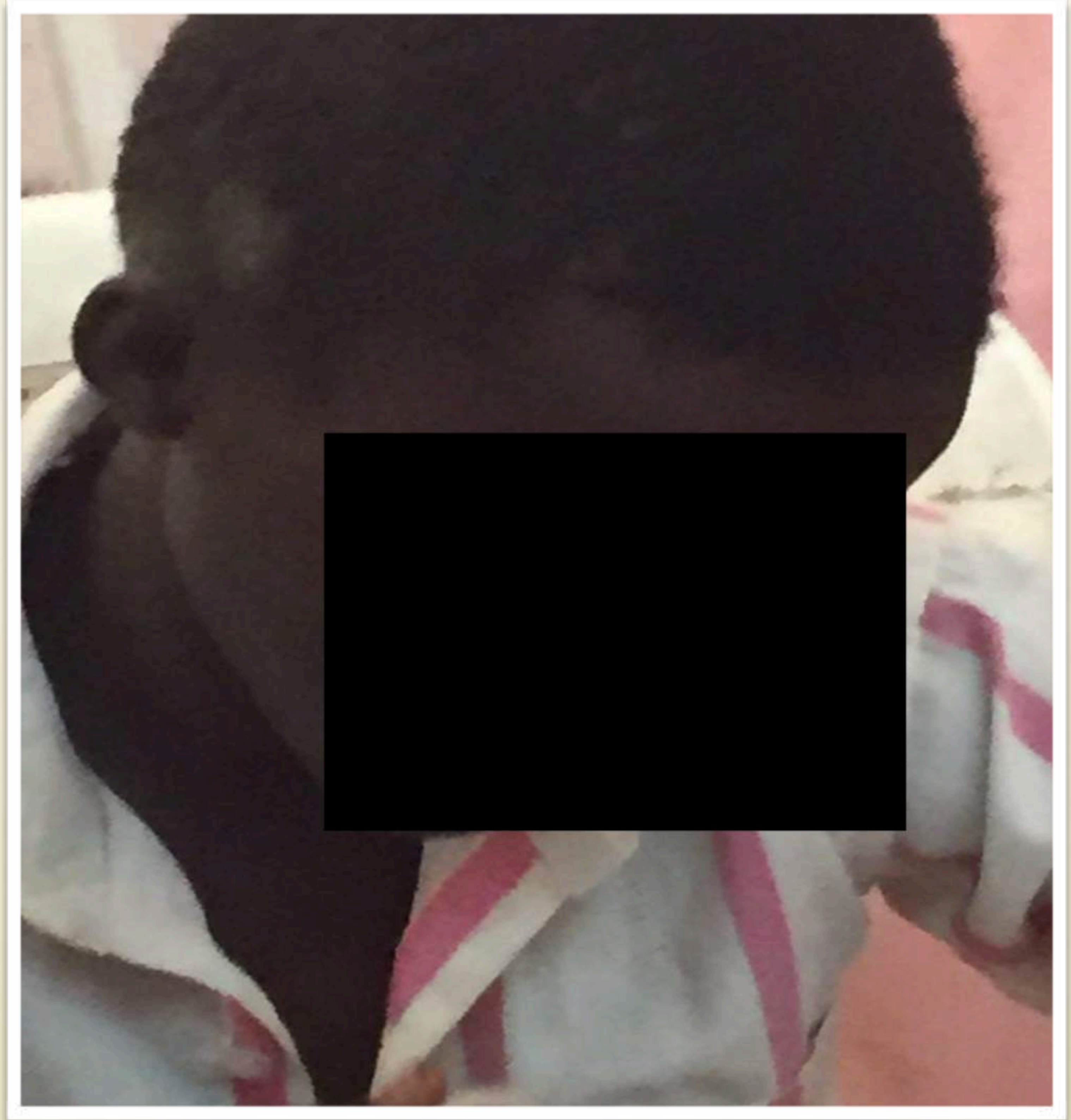
Hypersensitivity Reaction:



Scabies superimposed by bacterial infection.

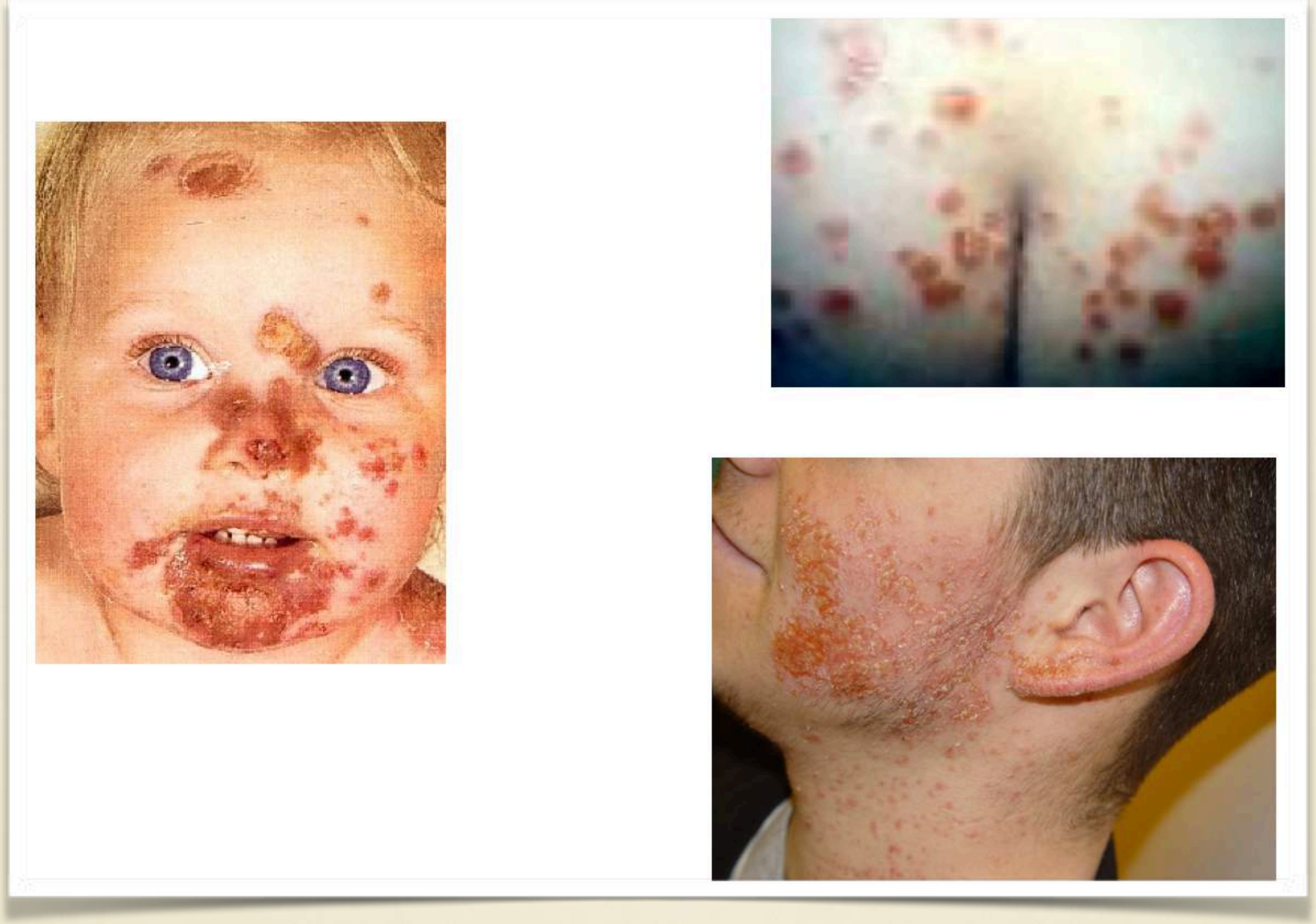


Hand Eczema.

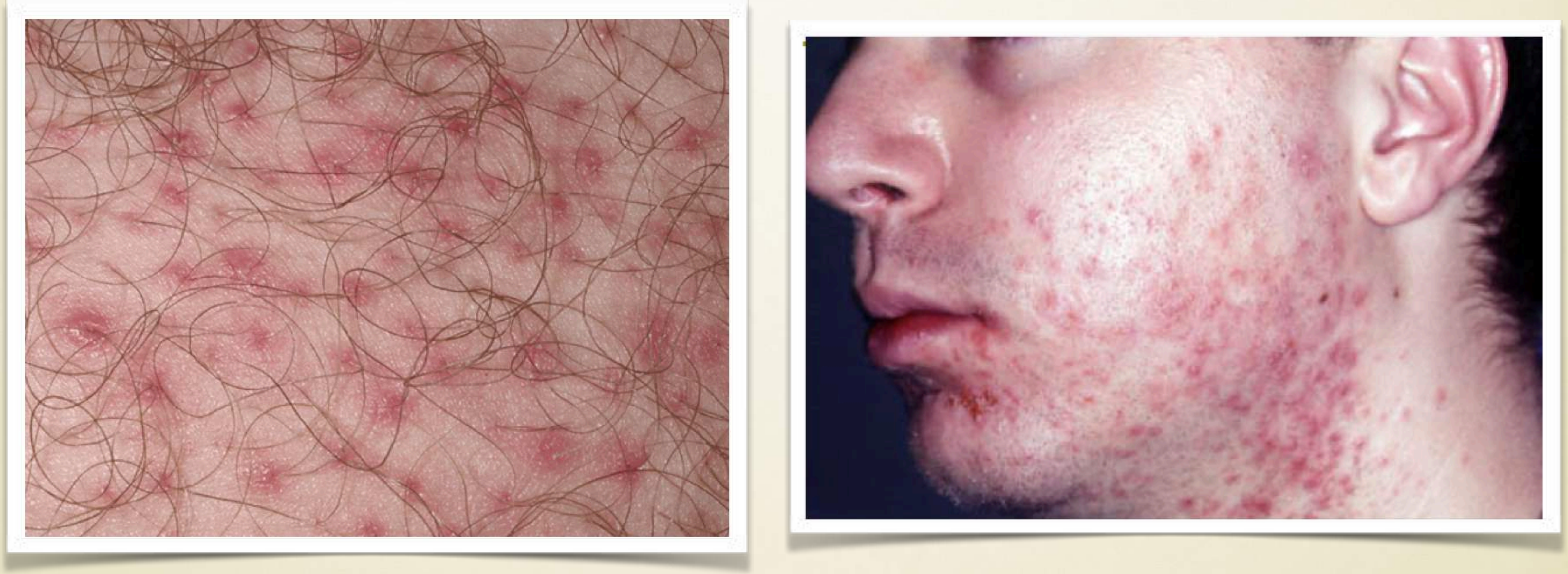


[redacted]

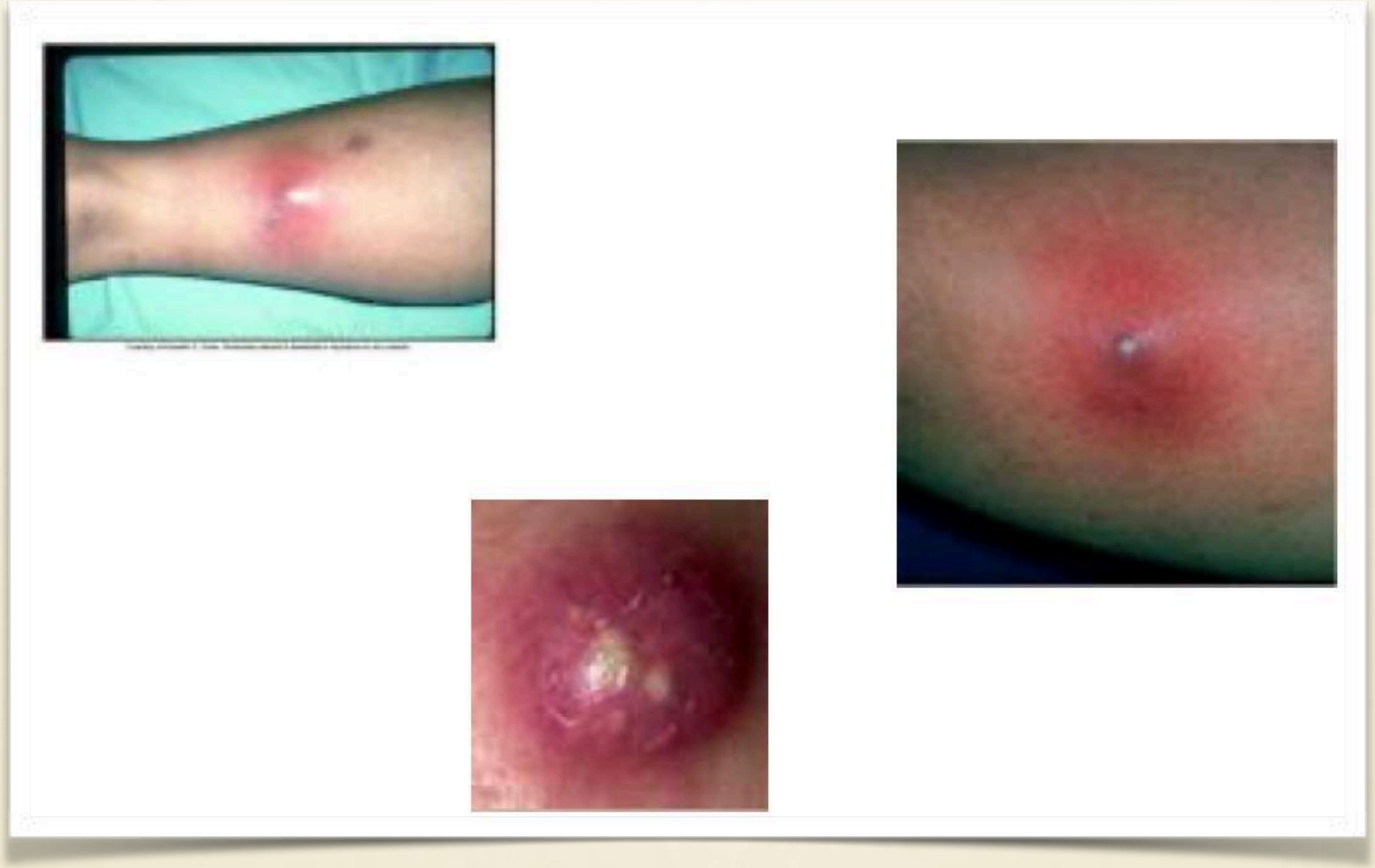
Tinea Capitis.



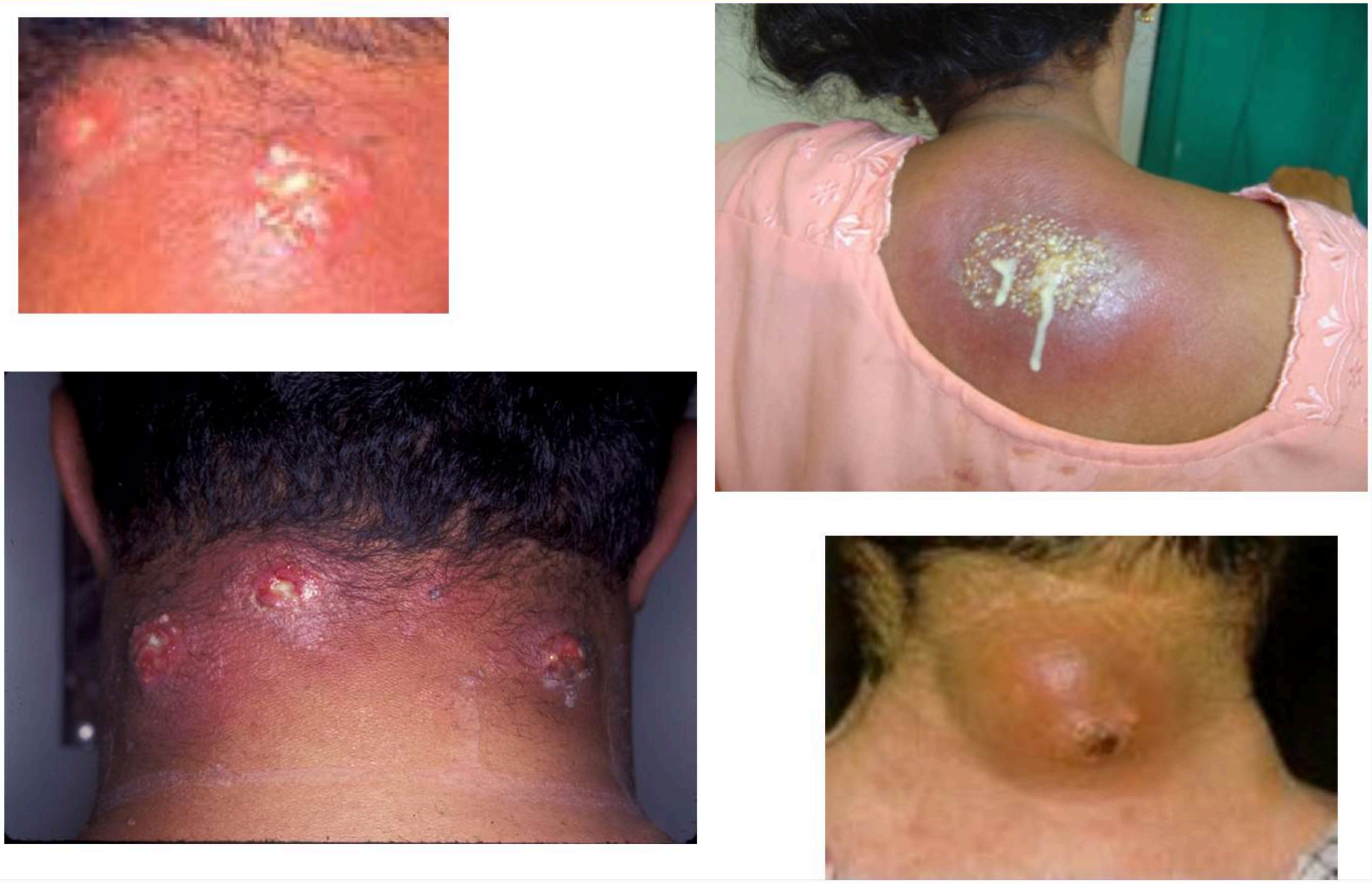
Impetigo.



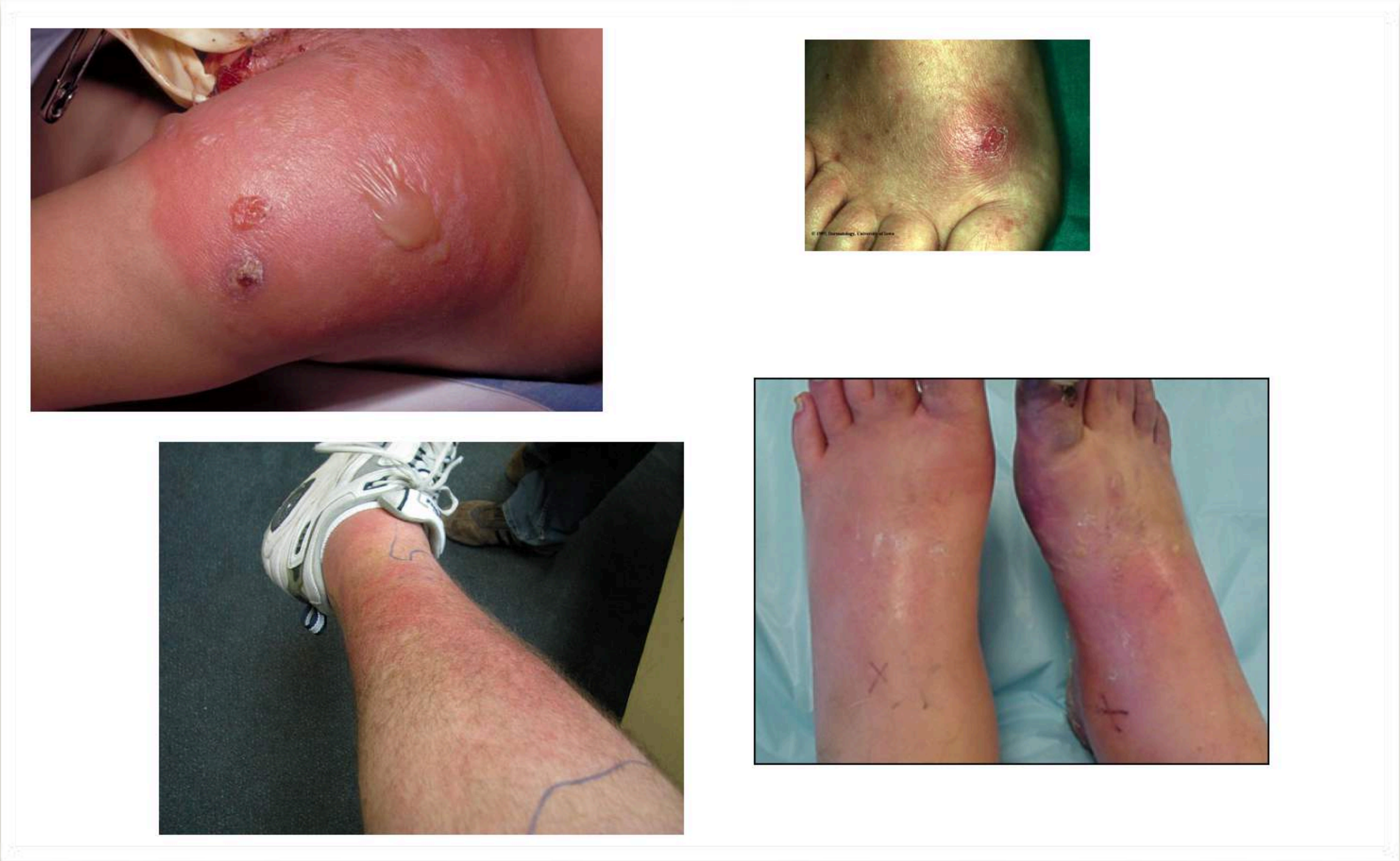
Folliculitis.



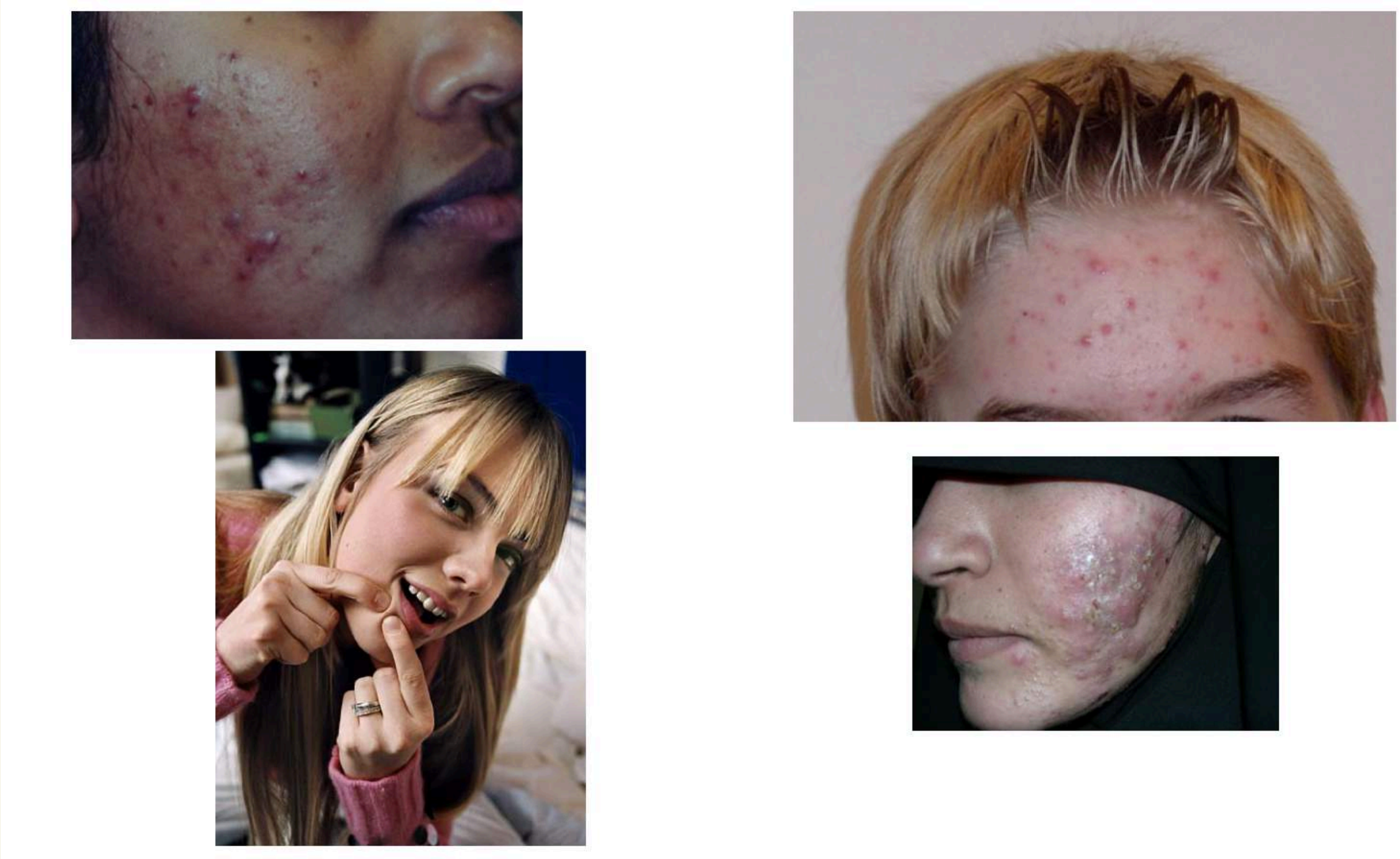
Furuncle (Boil).



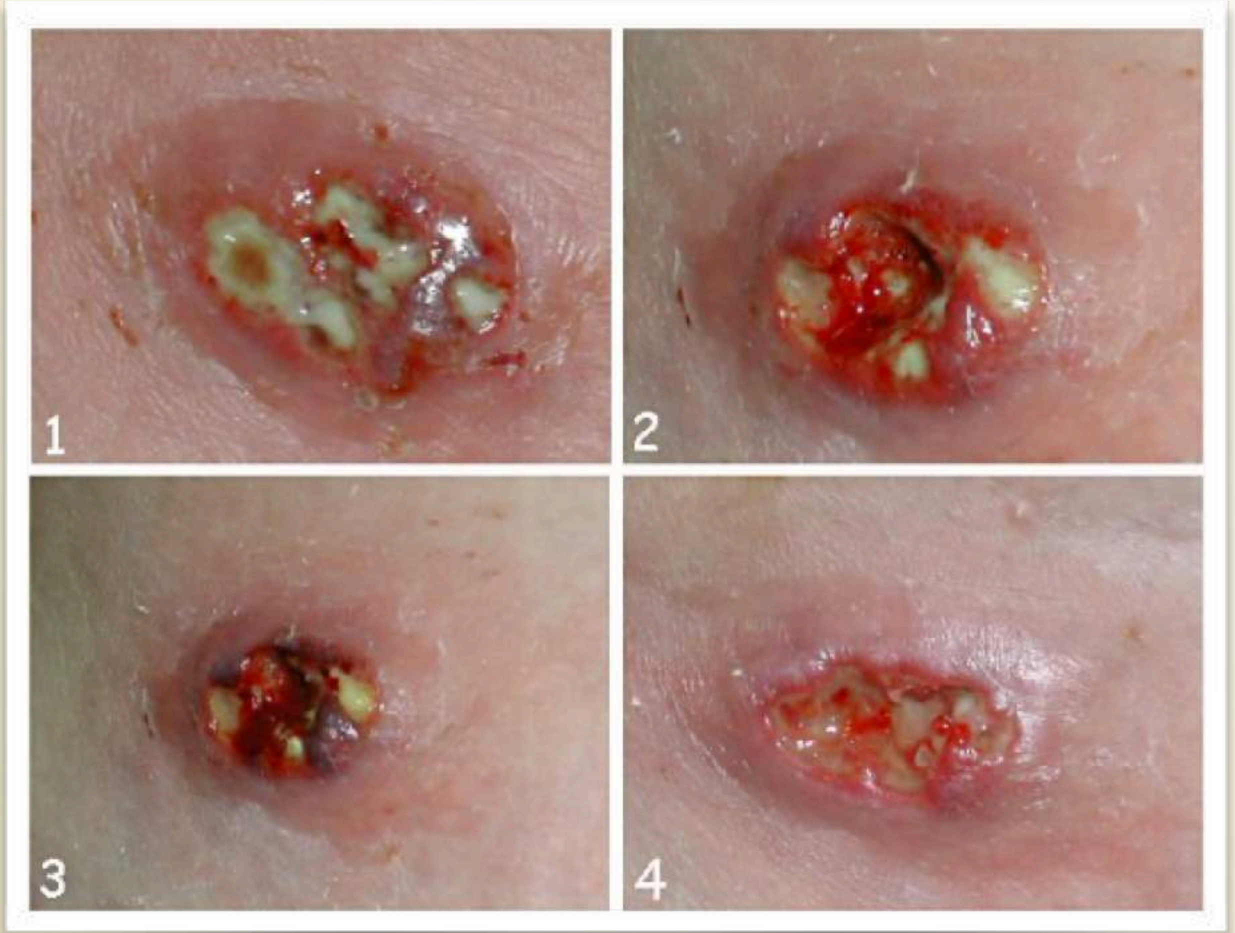
Carbuncle.

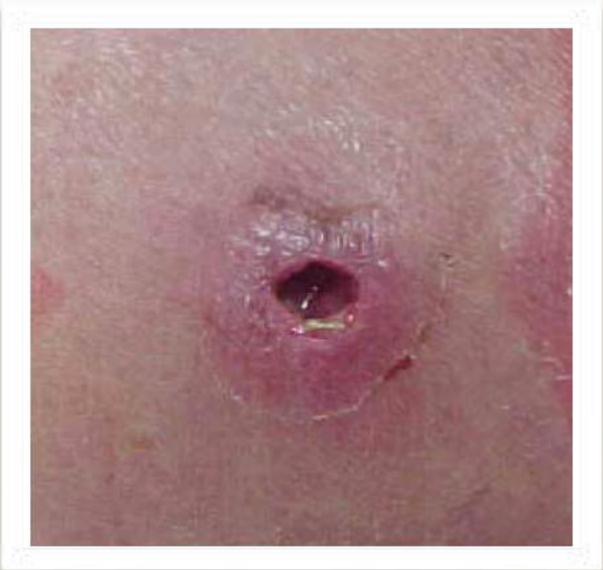


Cellulitis.

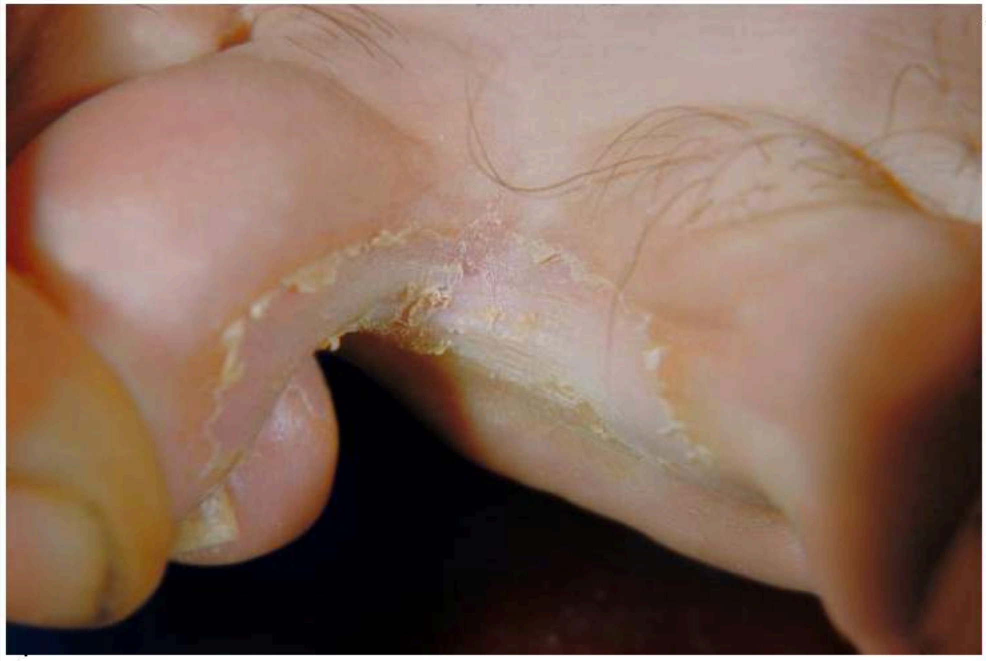


Acne.


1
2
3
4



MRSA infection.



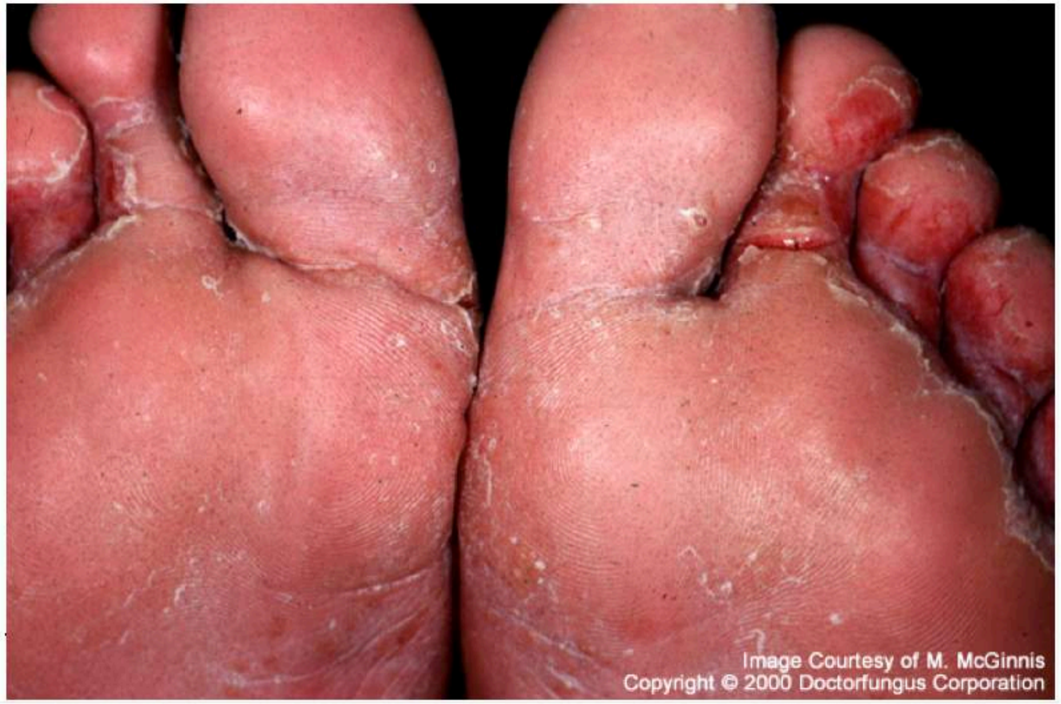


Image Courtesy of M. McGinnis
Copyright © 2000 Doctorfungus Corporation

Tinea pedis.

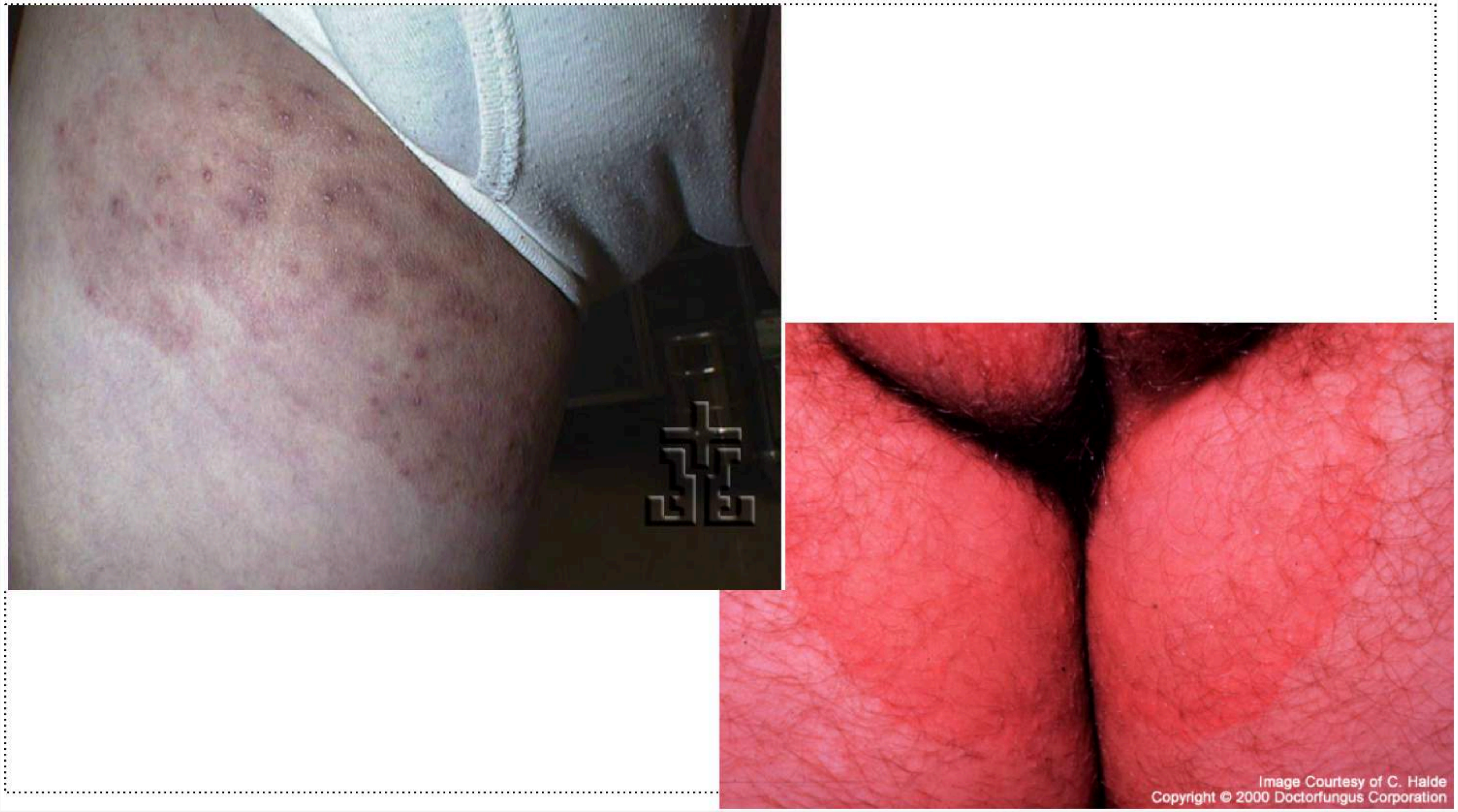
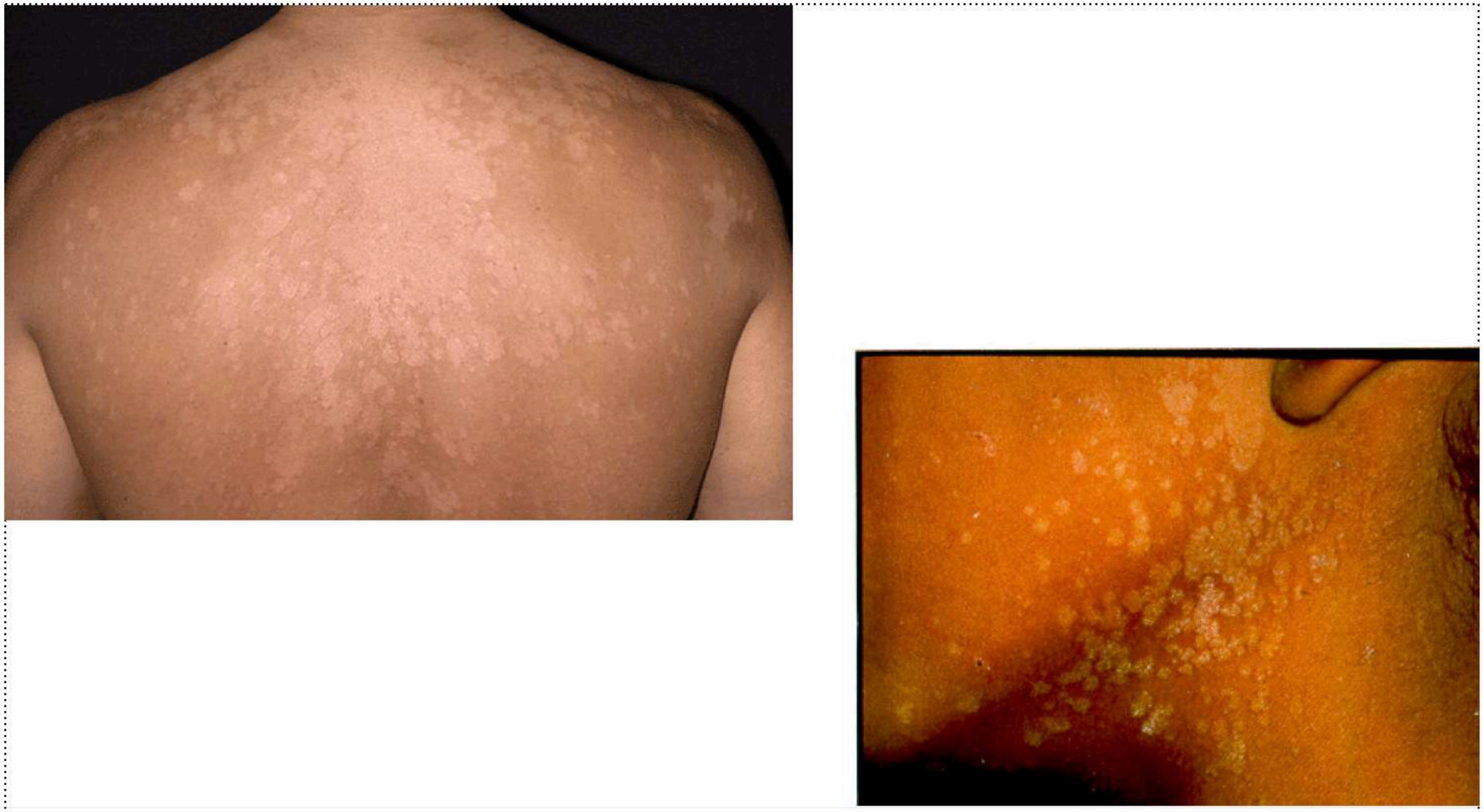
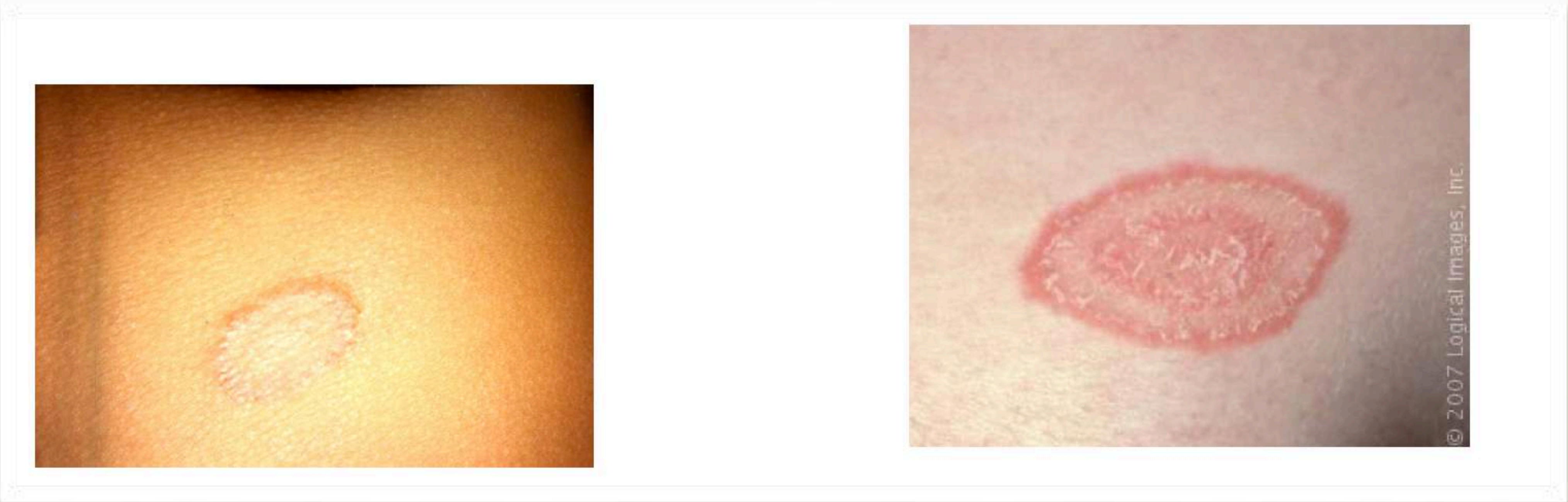


Image Courtesy of C. Halde
Copyright © 2000 Doctorfungus Corporation

Tinea cruris.

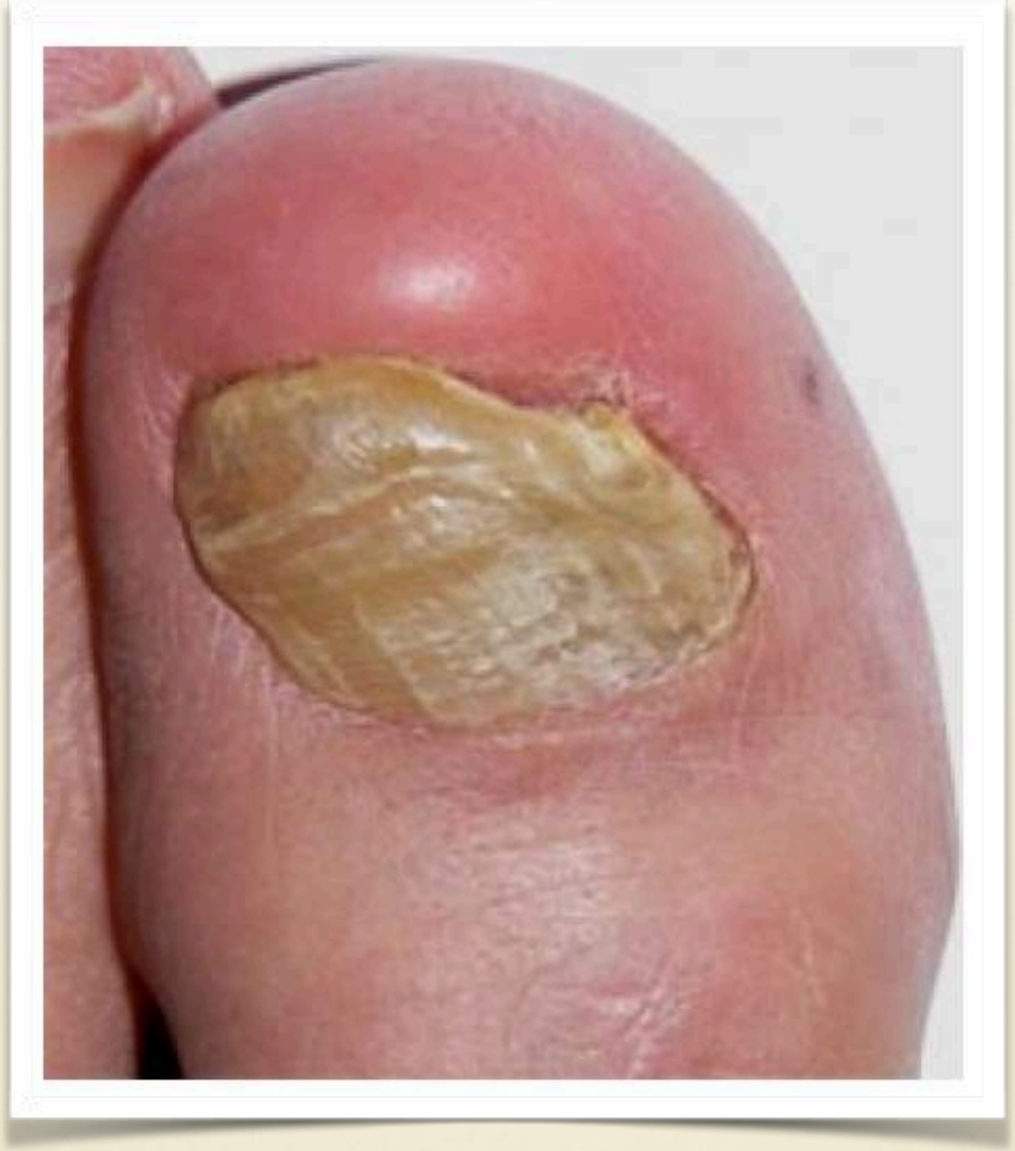


Tinea versicolor.

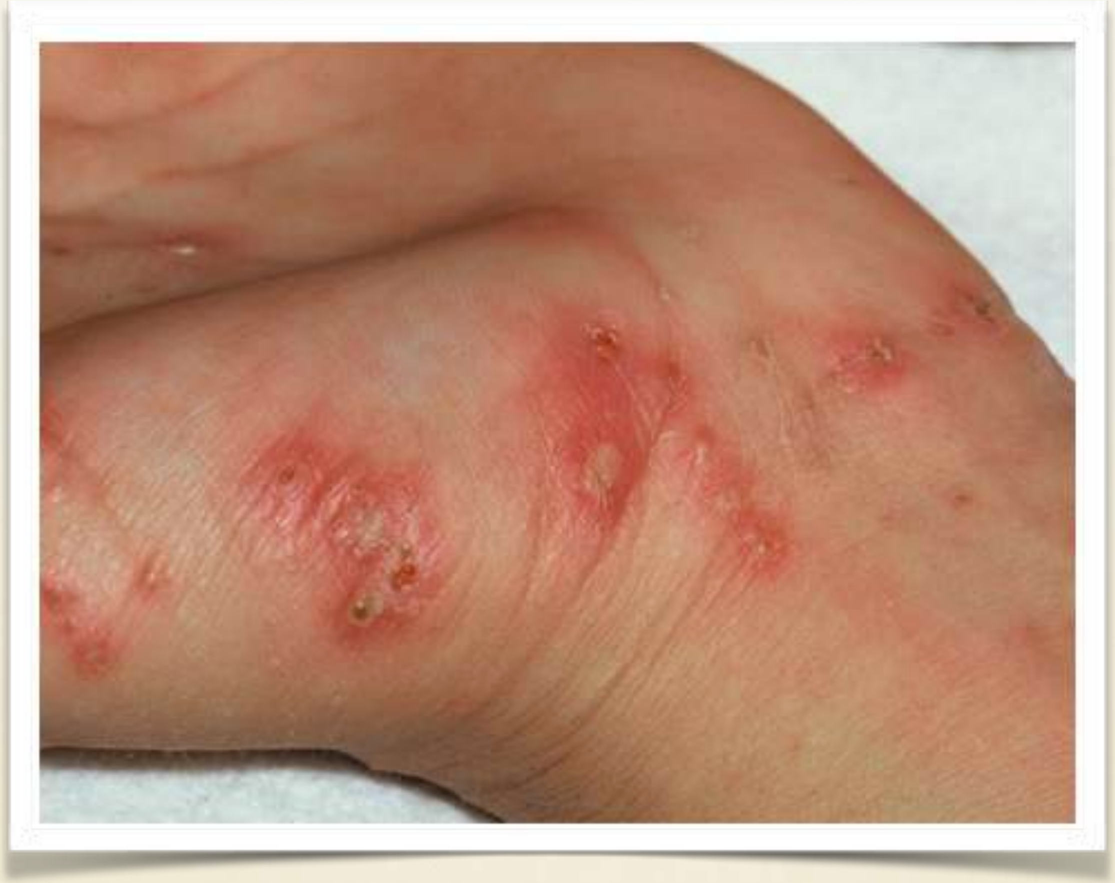


© 2007 Logical Images, Inc.

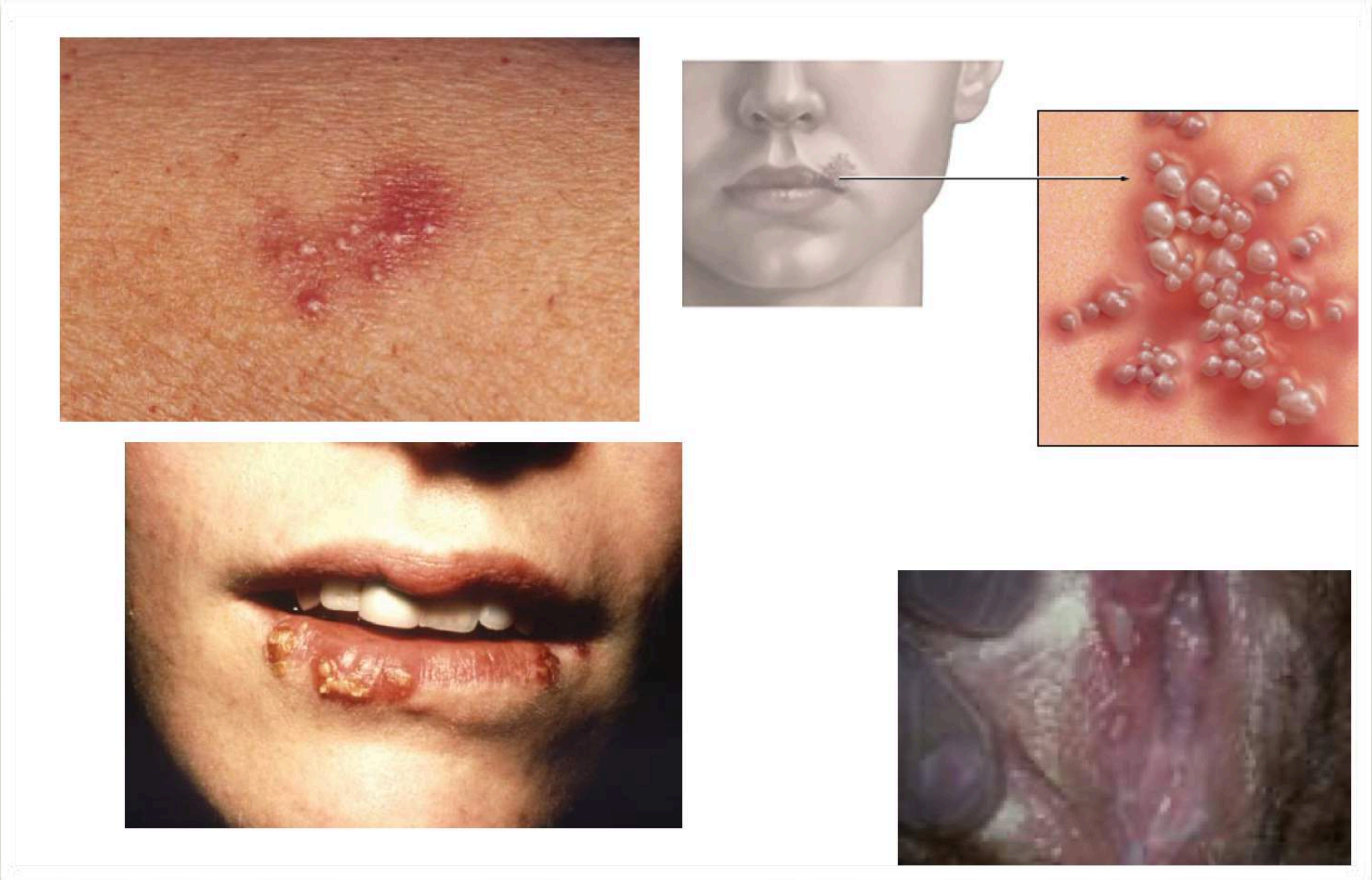
Tinea corporis.



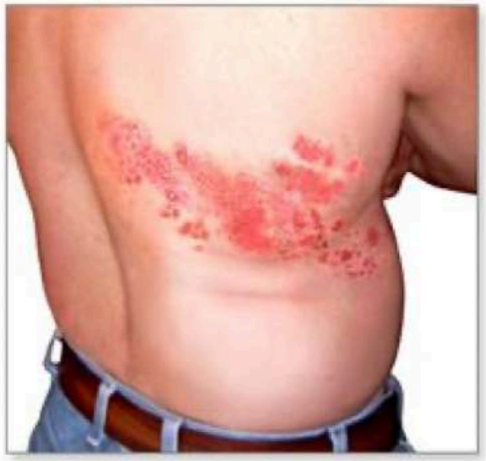
Tinea unguium.



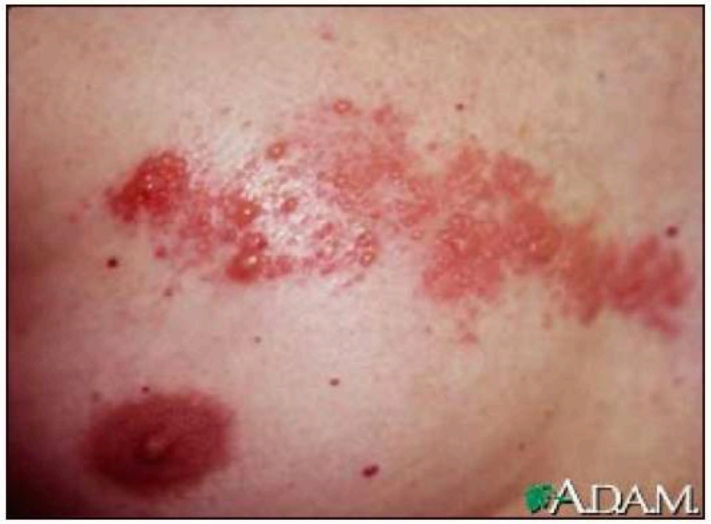
Scabies.

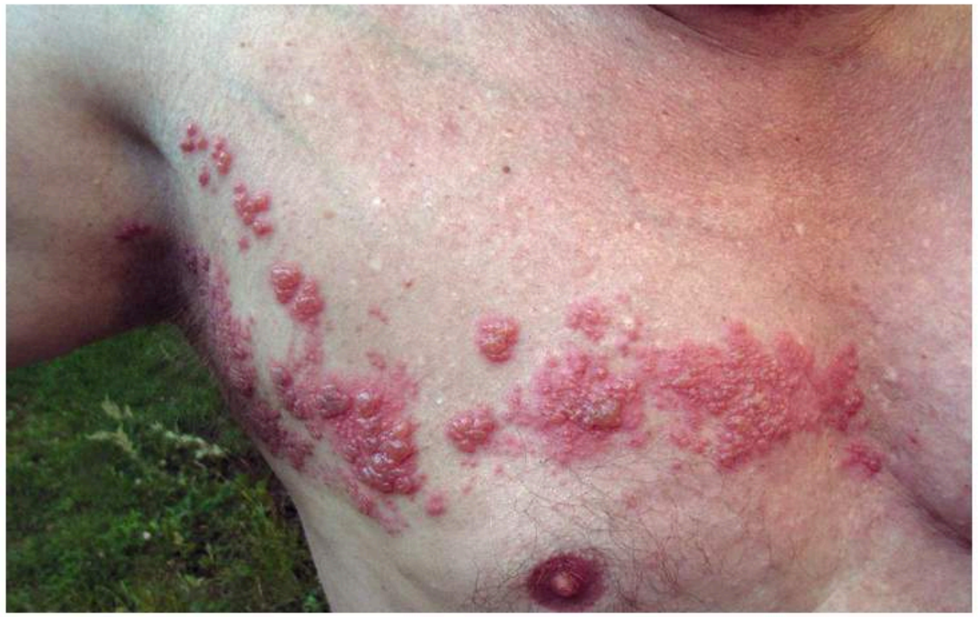


Herpes simplex infection.

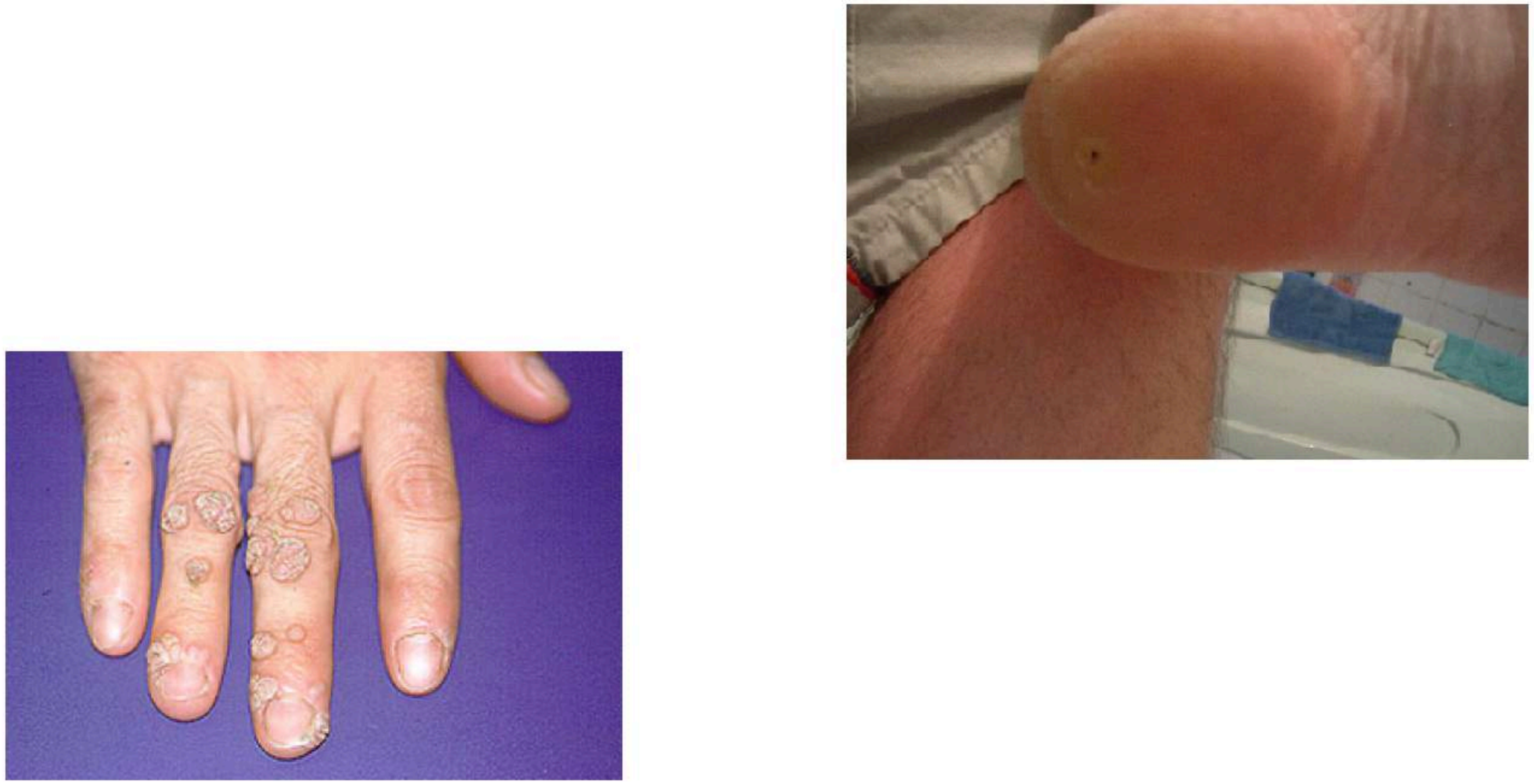


Shingles

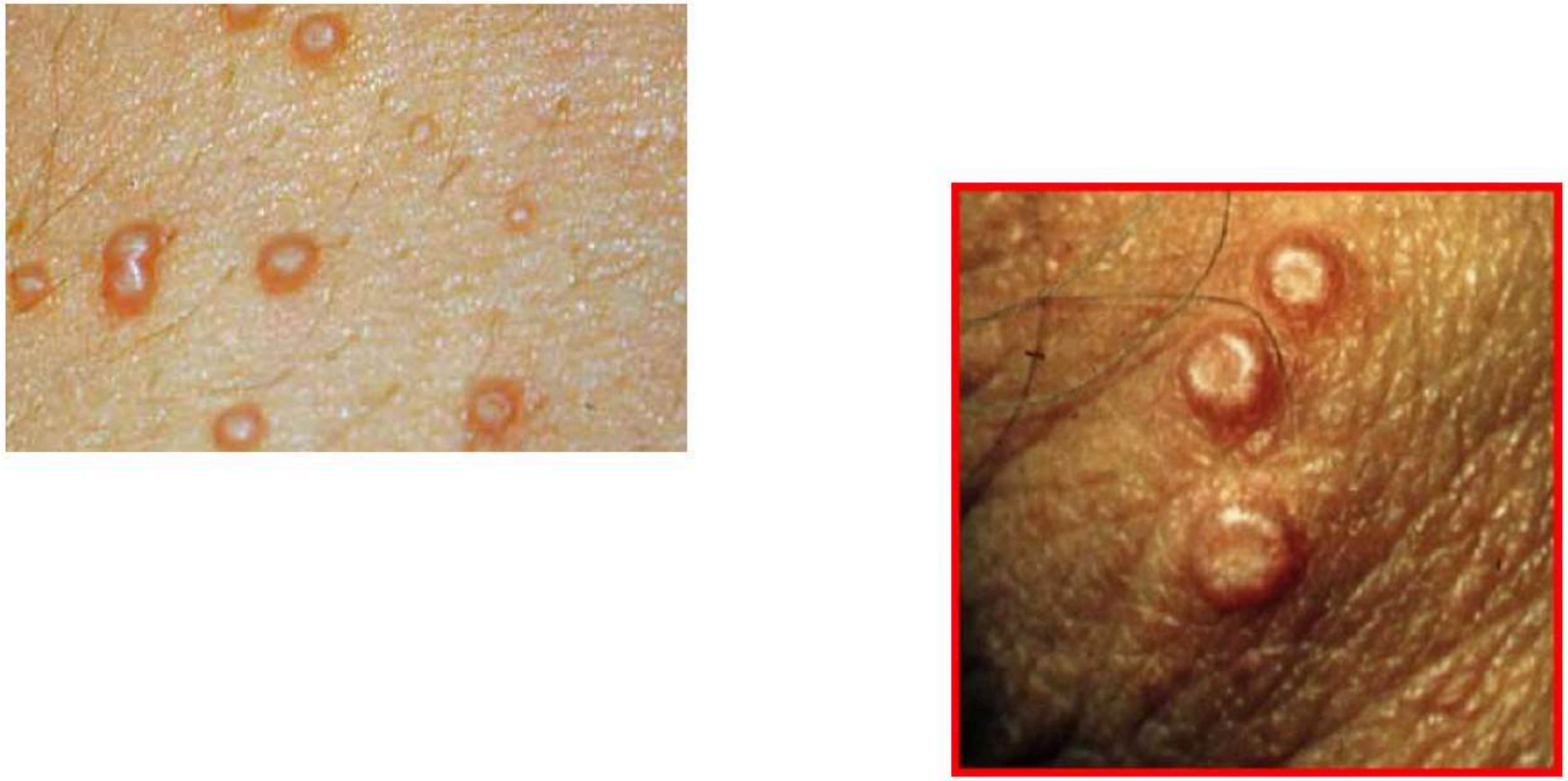




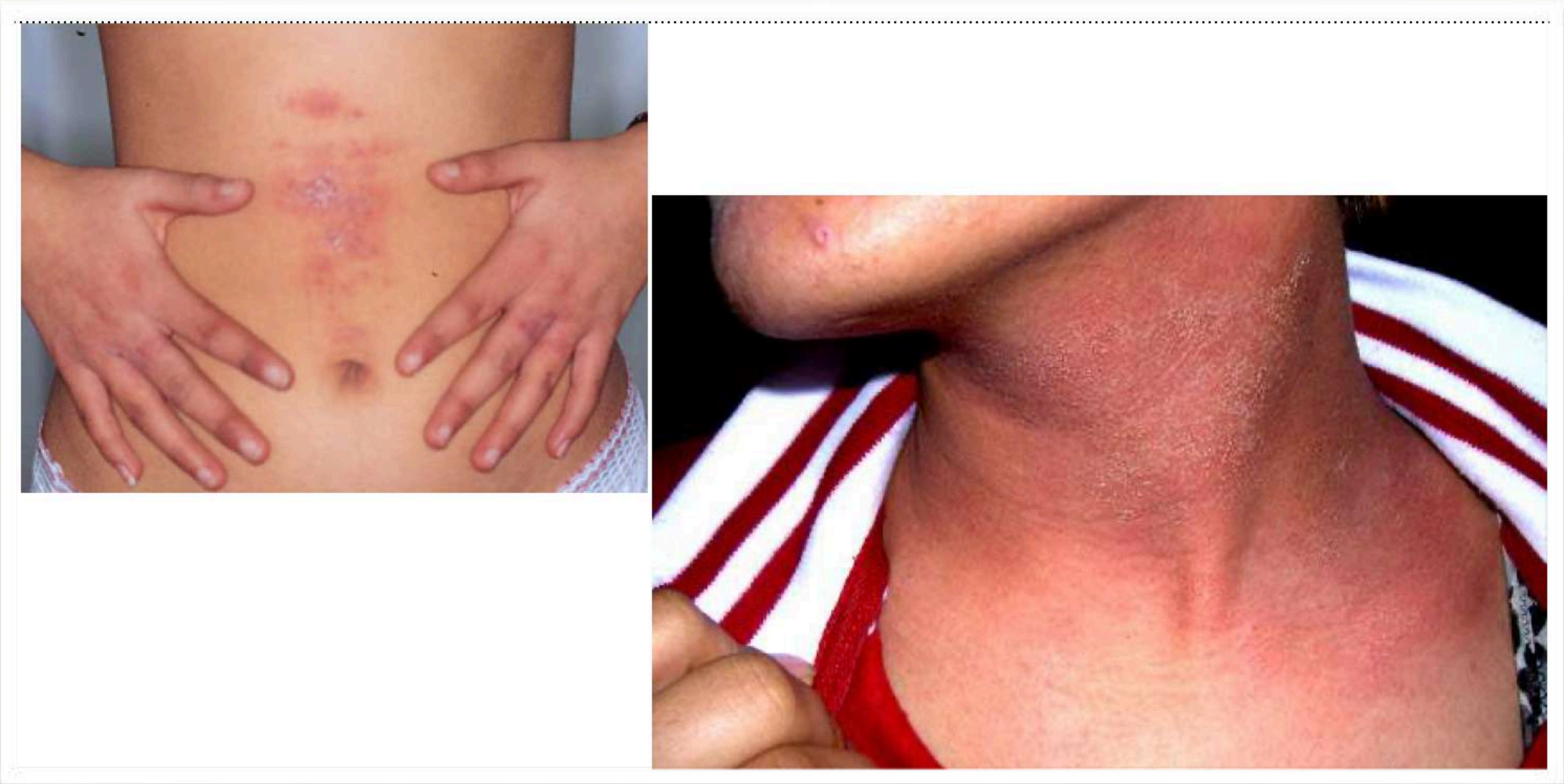
Herpes Zoster.



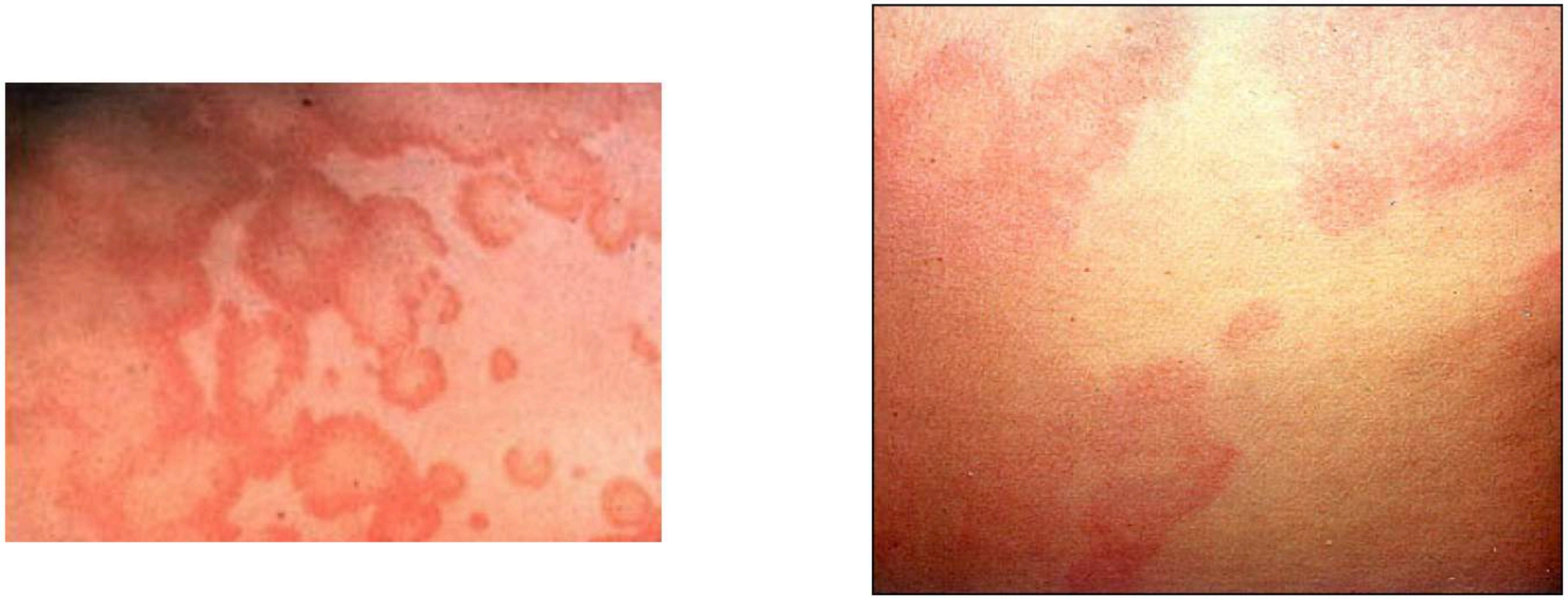
Verrcua (Wart).



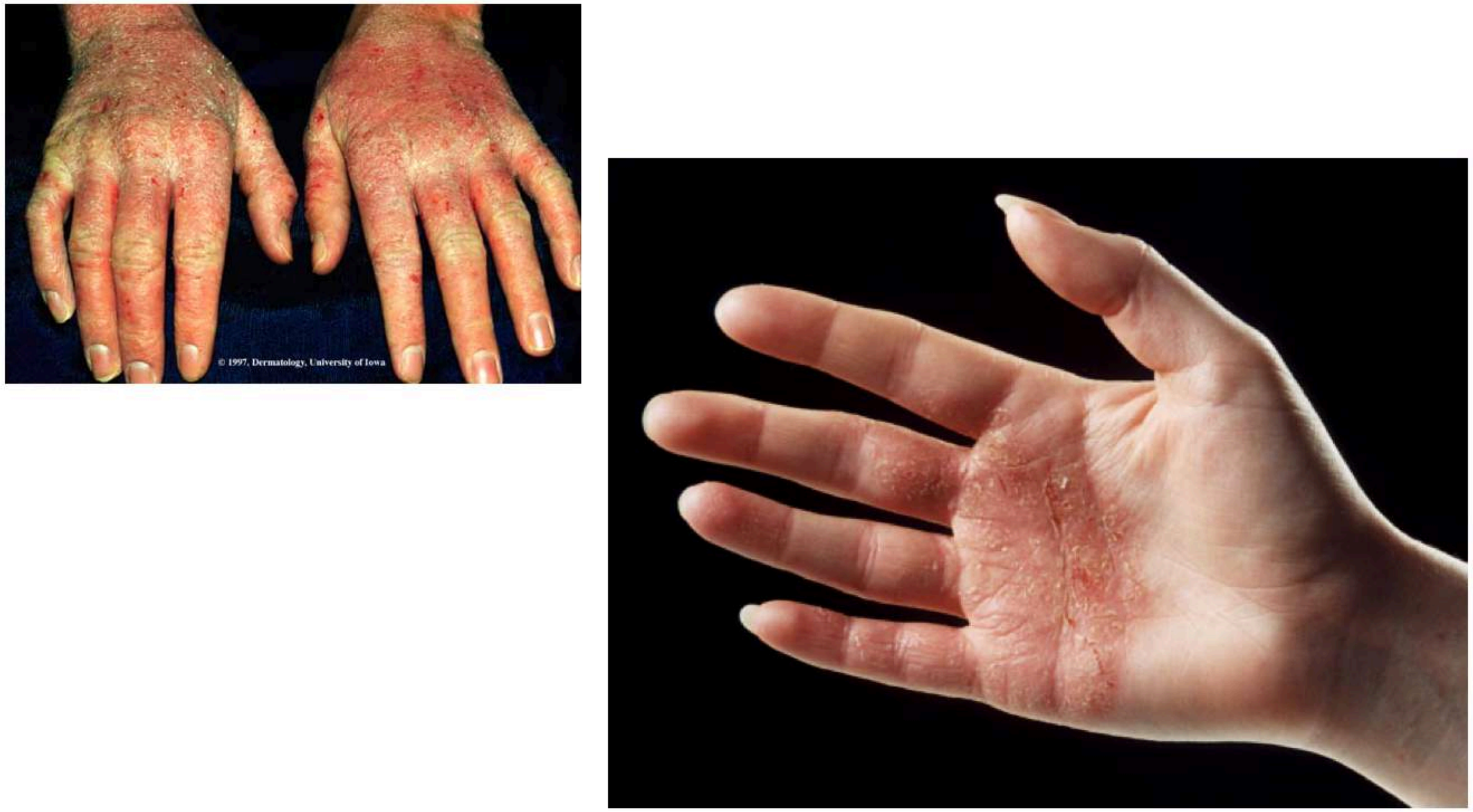
Molluscum contagiosum.



Dermatitis.

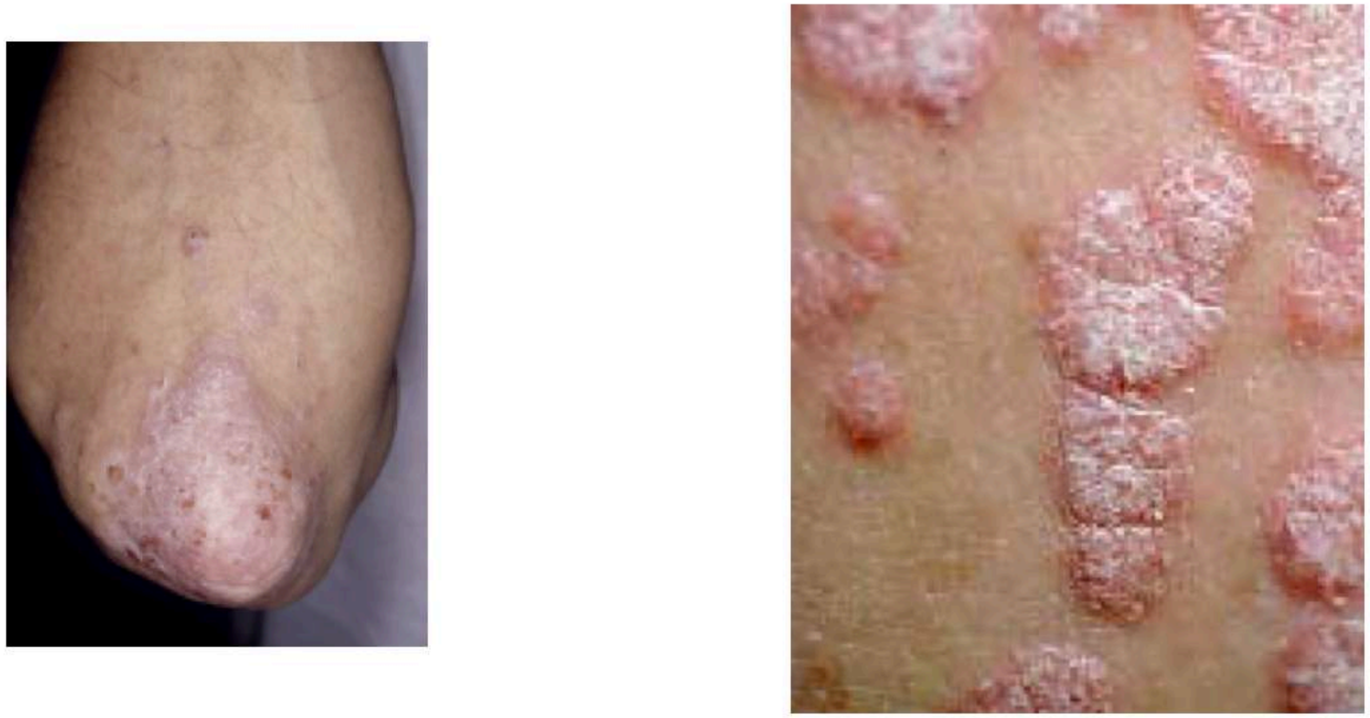


Urticaria.

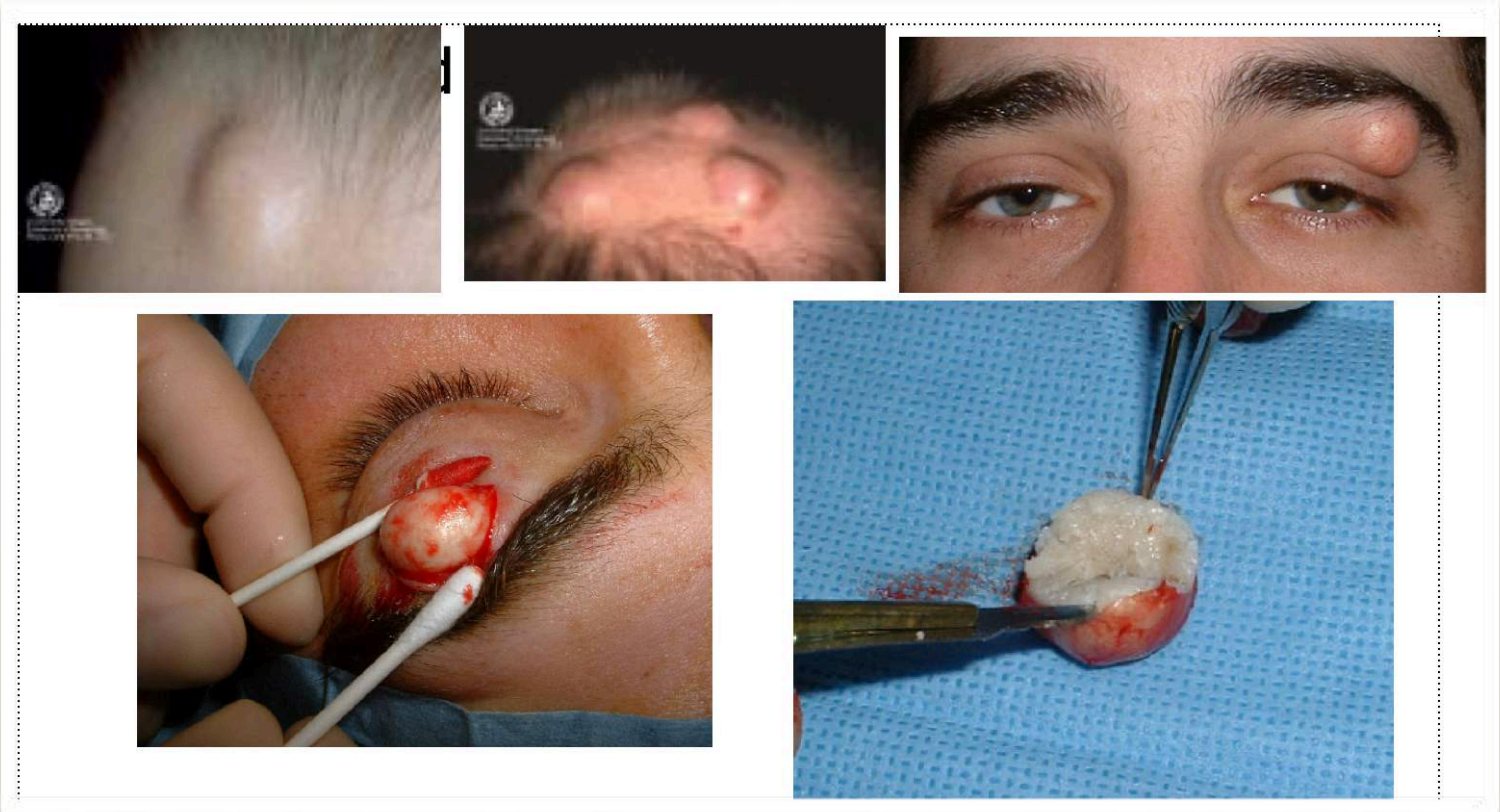


© 1997, Dermatology, University of Iowa

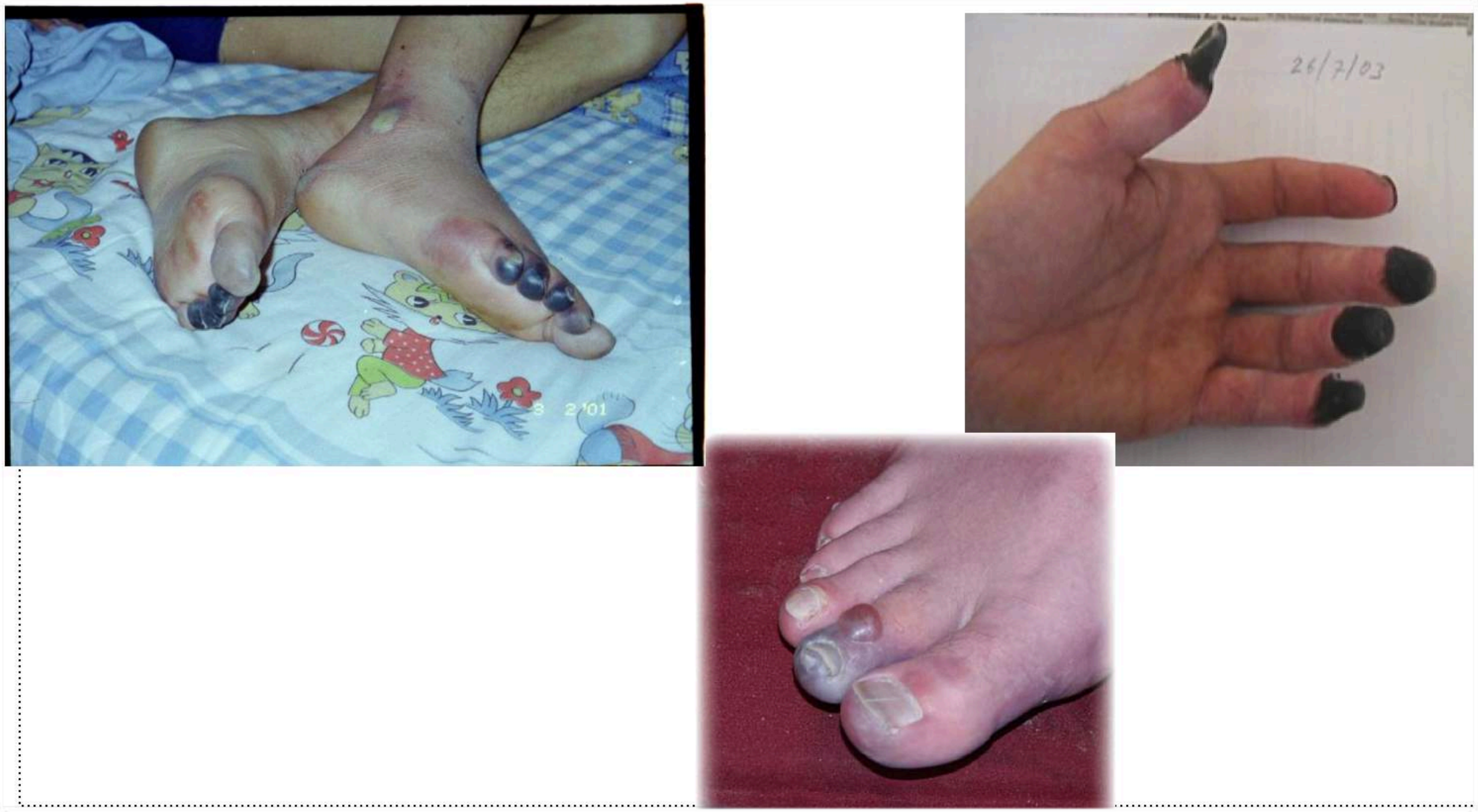
Eczema.



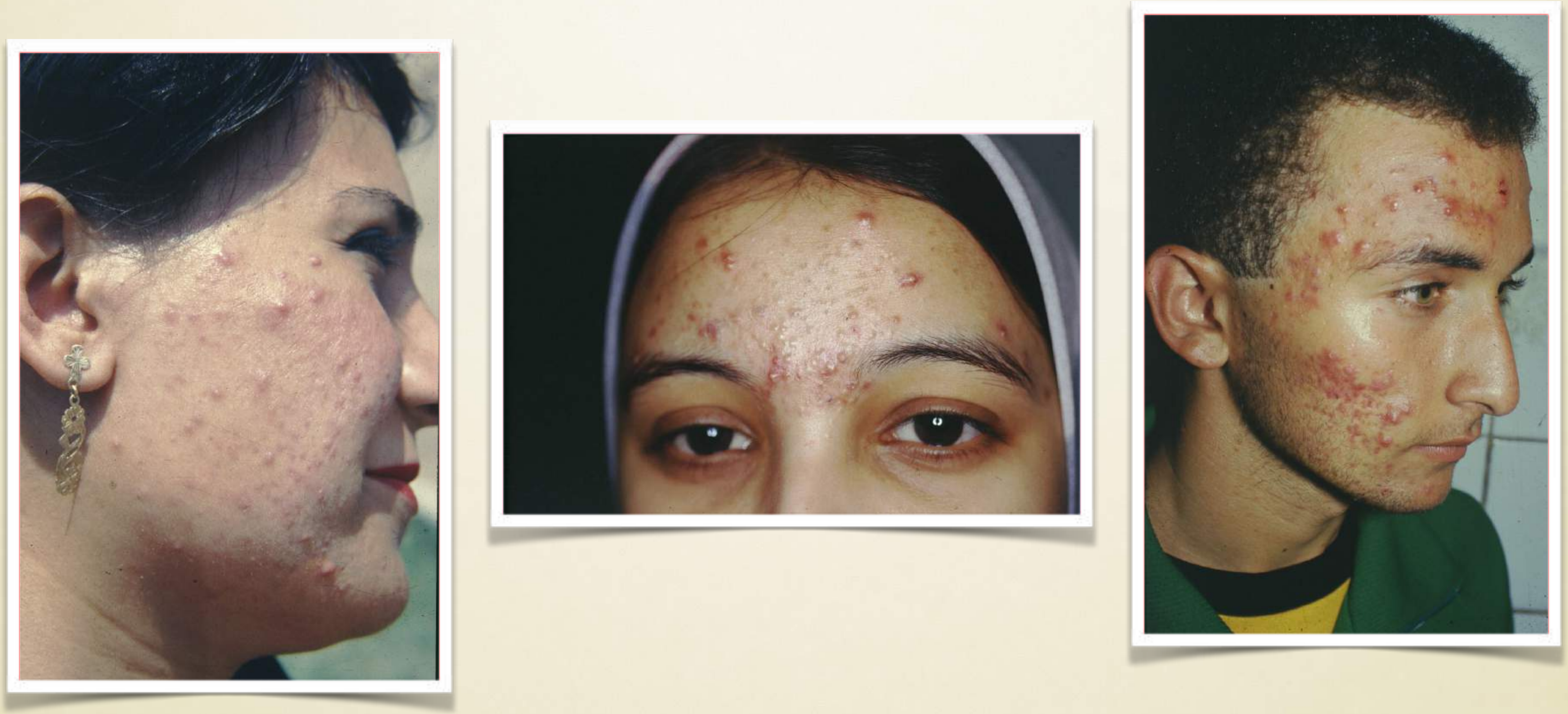
Psoriasis.



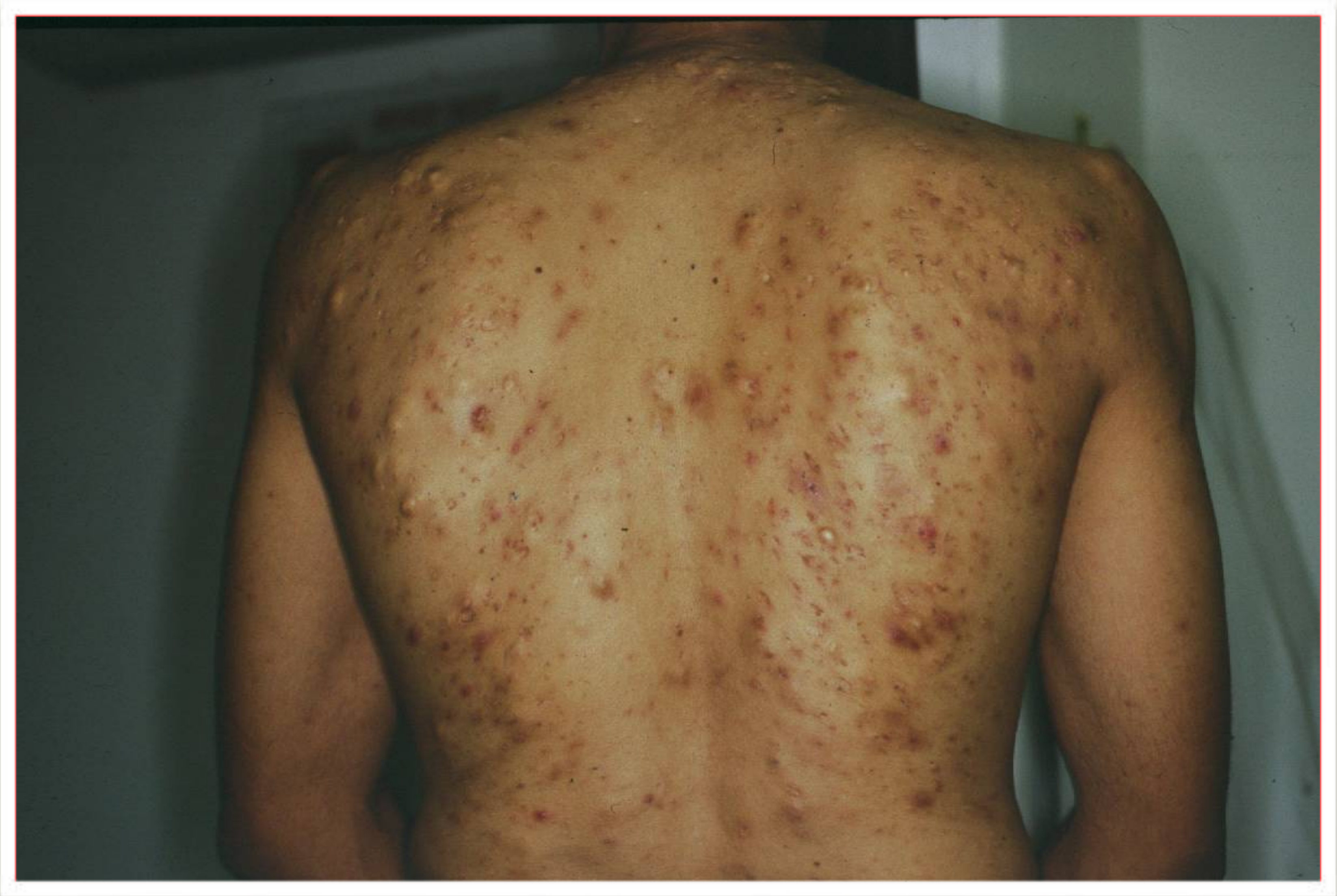
Sebaceous cyst.


3 2 '01
26/7/03

Frostbite.



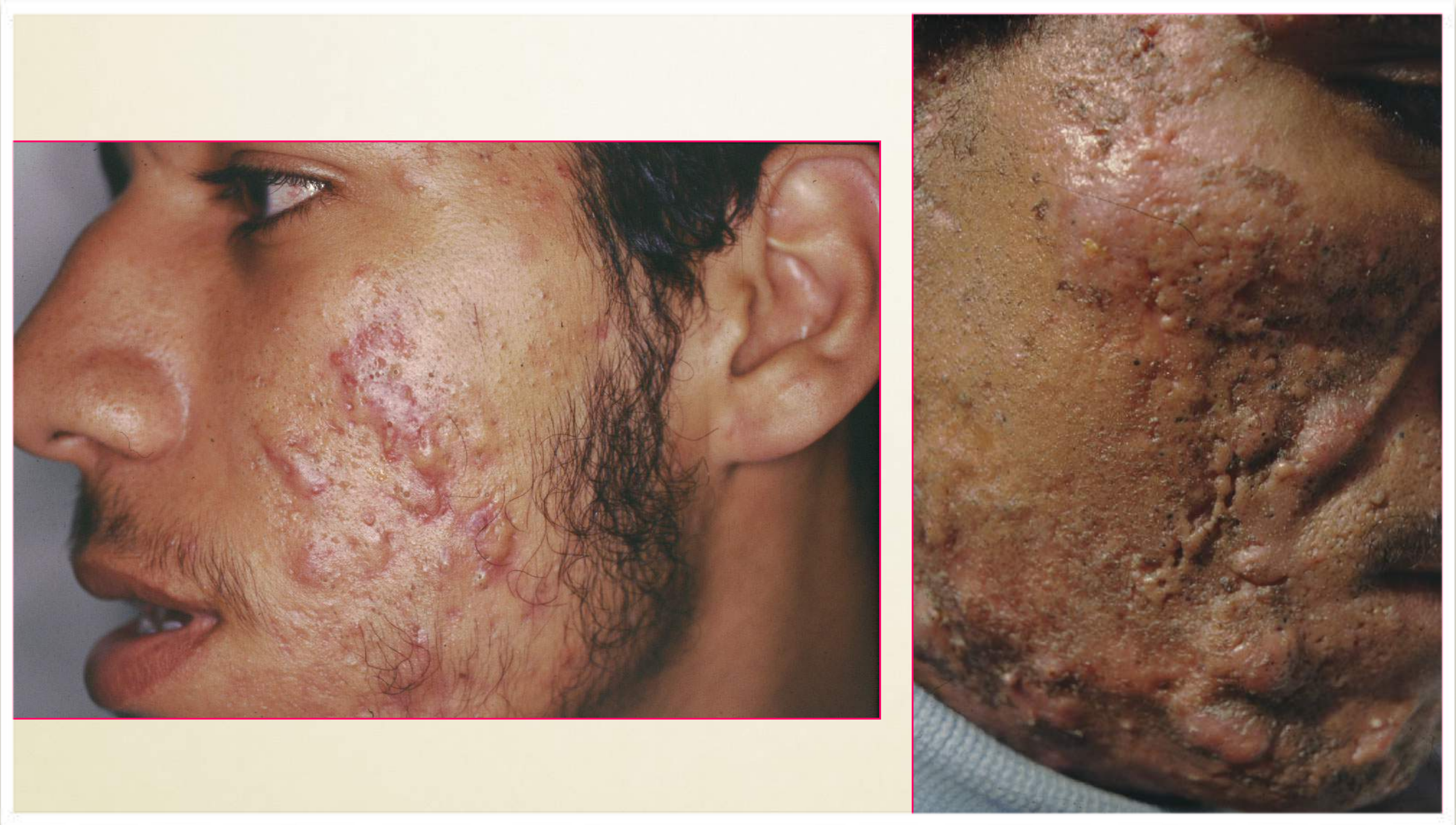
Acne.



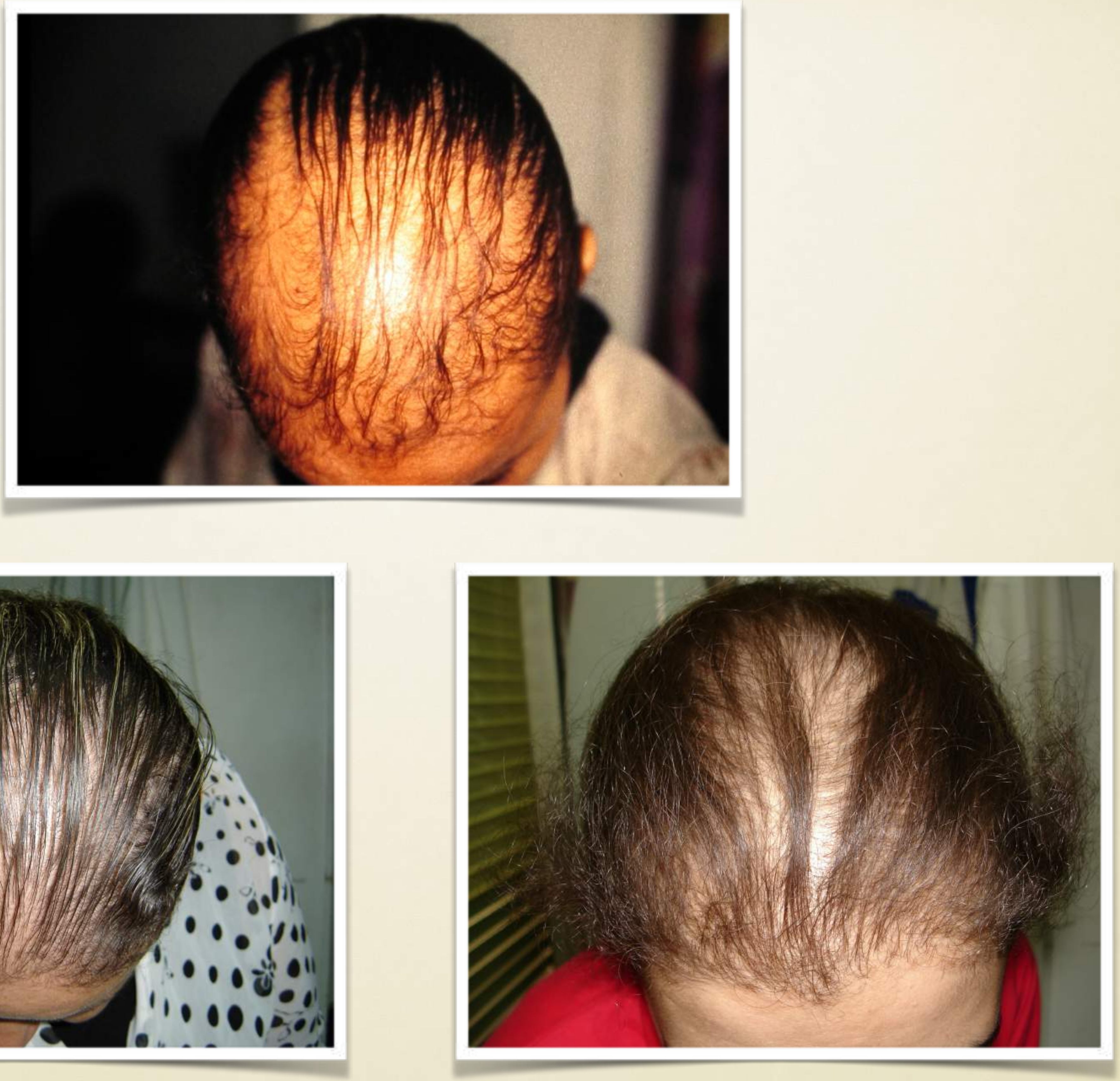
Tricky question!

Answer: Acne conglobata.

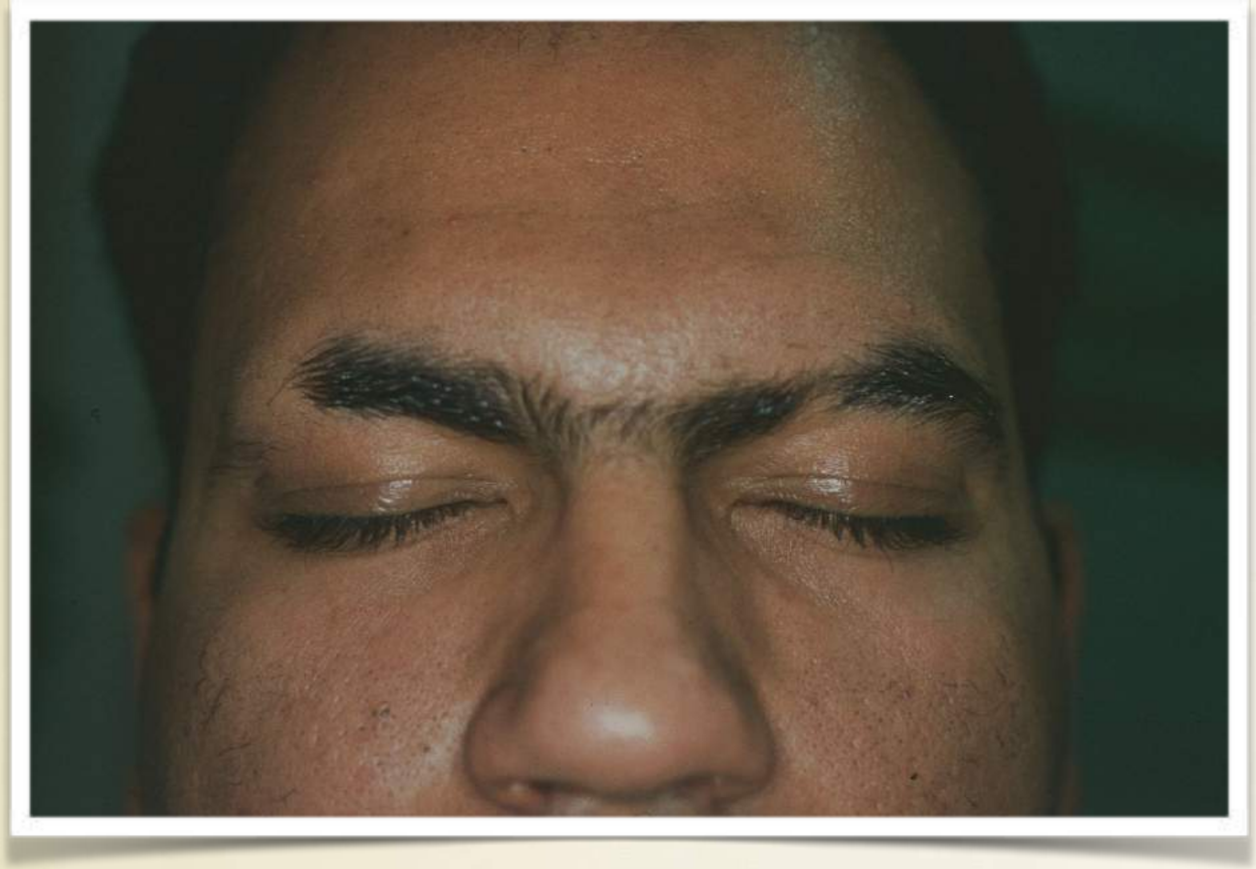
Acne conglobata is a highly inflammatory disease presenting with comedones, nodules, abscesses, and draining sinus tracts. This condition generally begins between the ages of 18 and 30. It usually persists for a very long time, and often until the patient is around 40 years old.

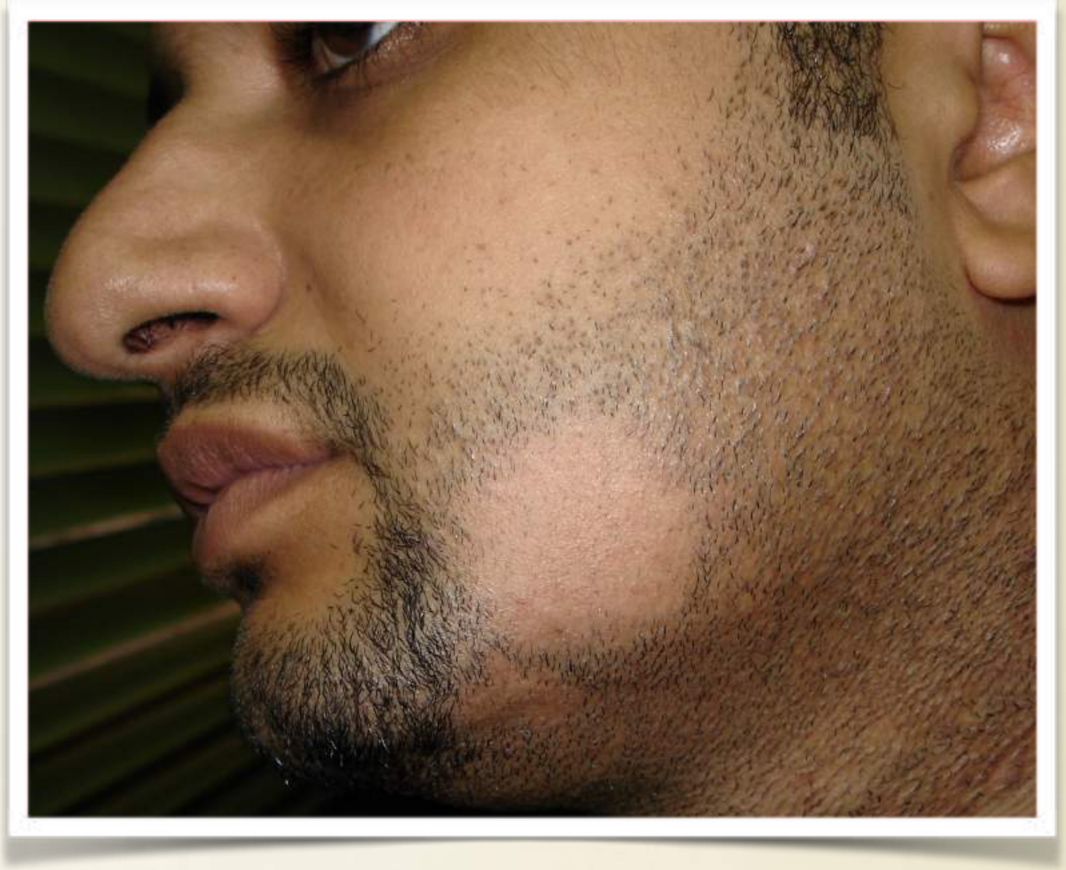


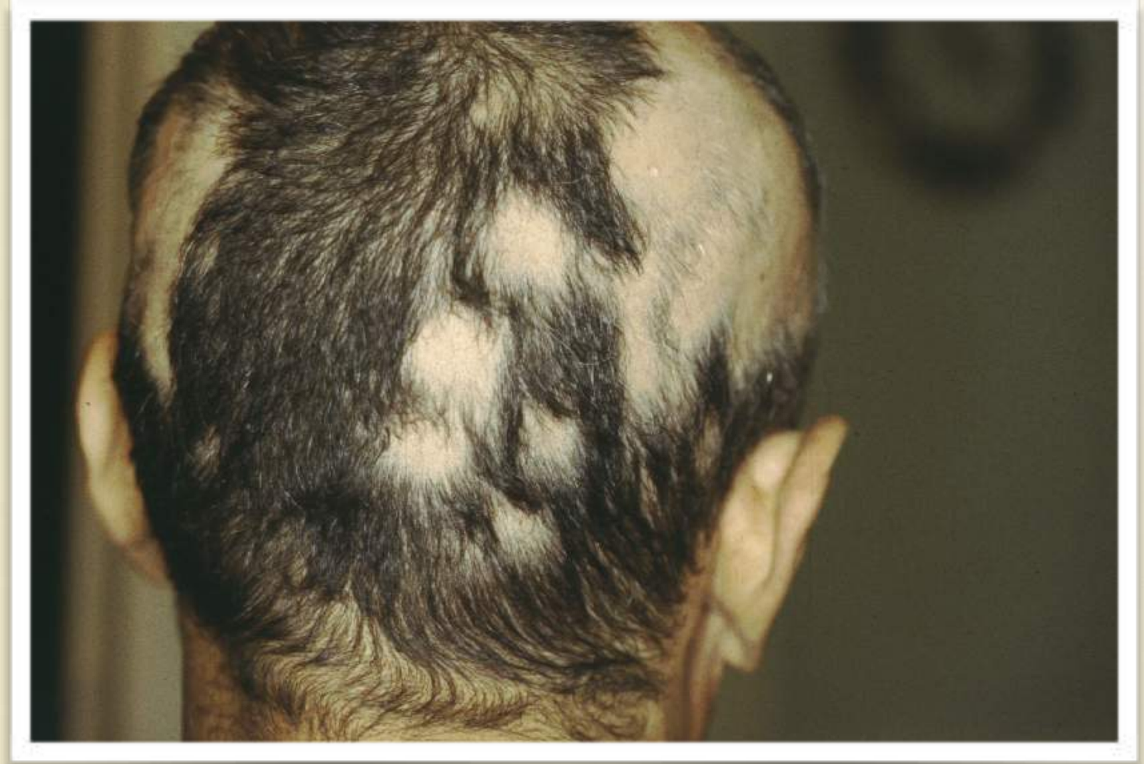
Post acne scars.

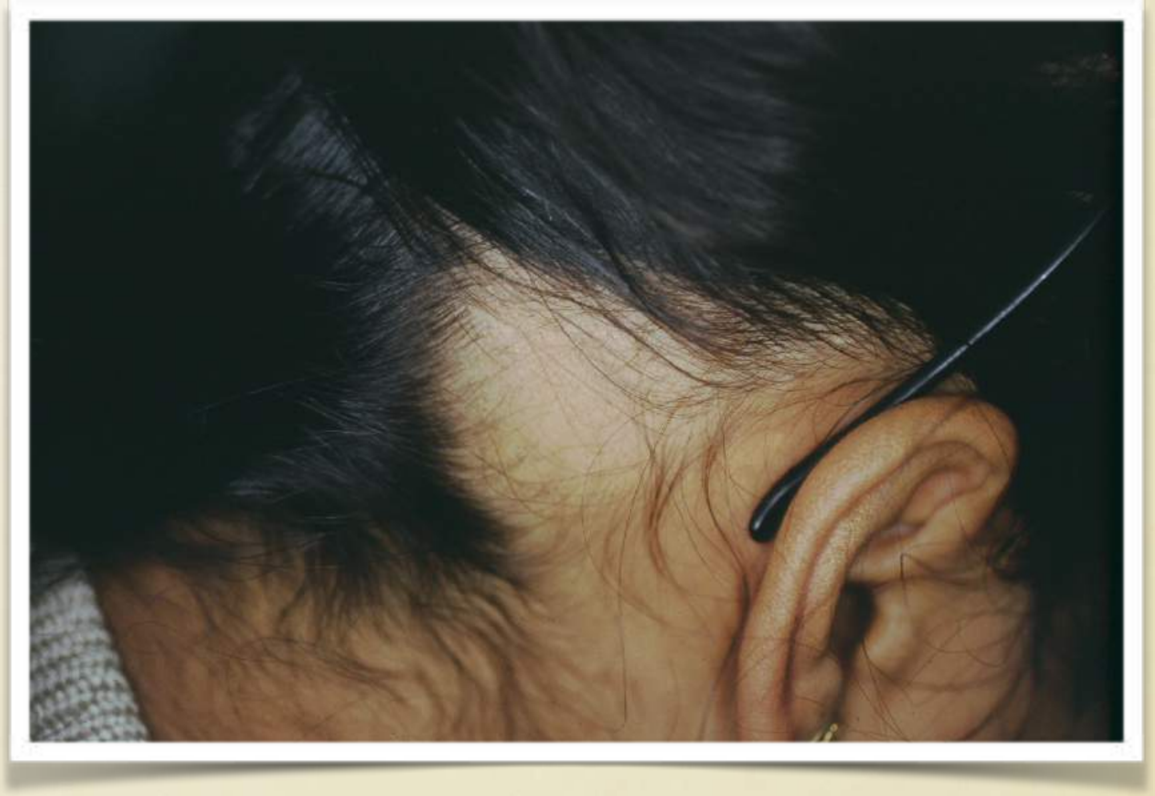


Alopecia areata - Androgenetic alopecia.

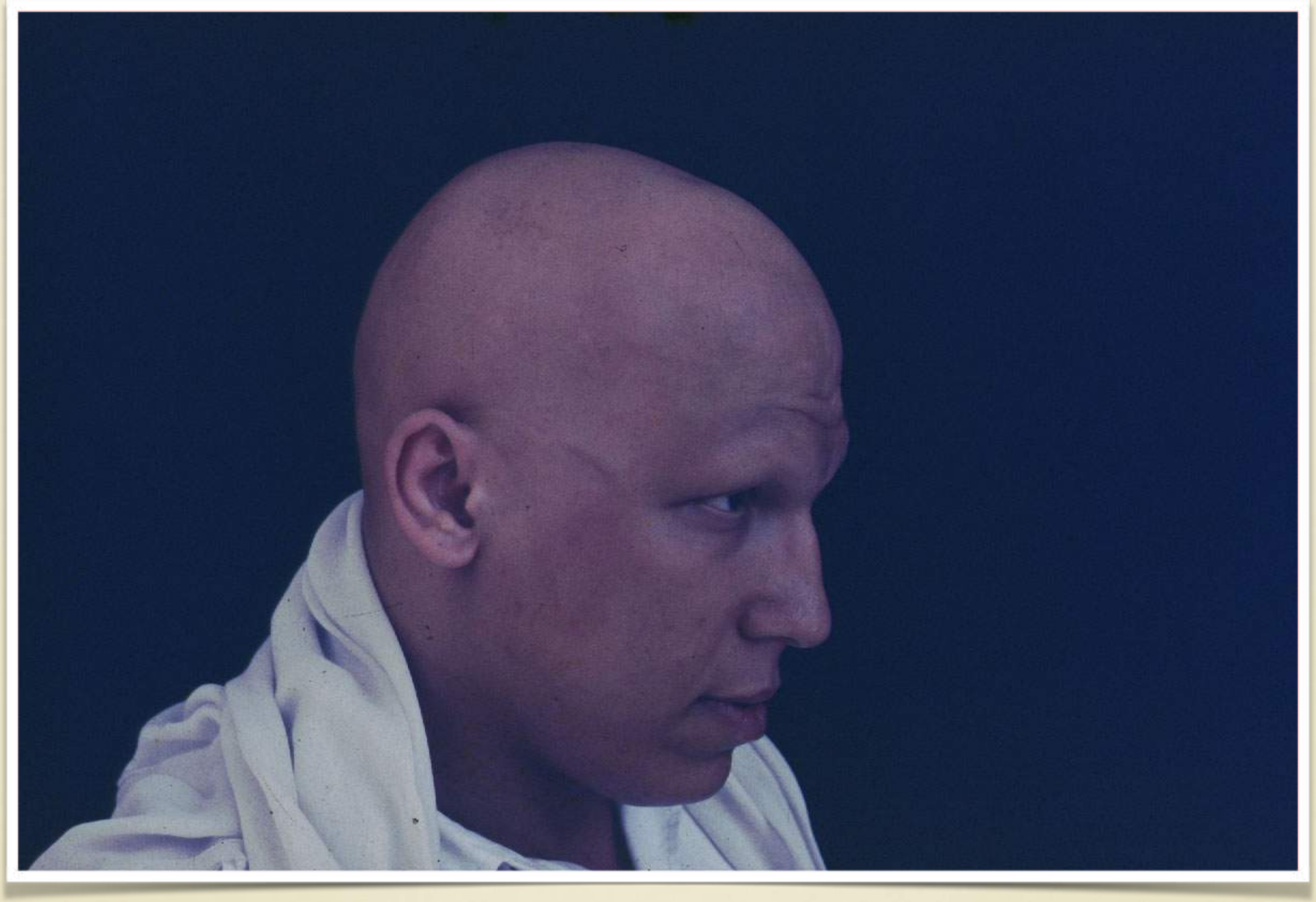




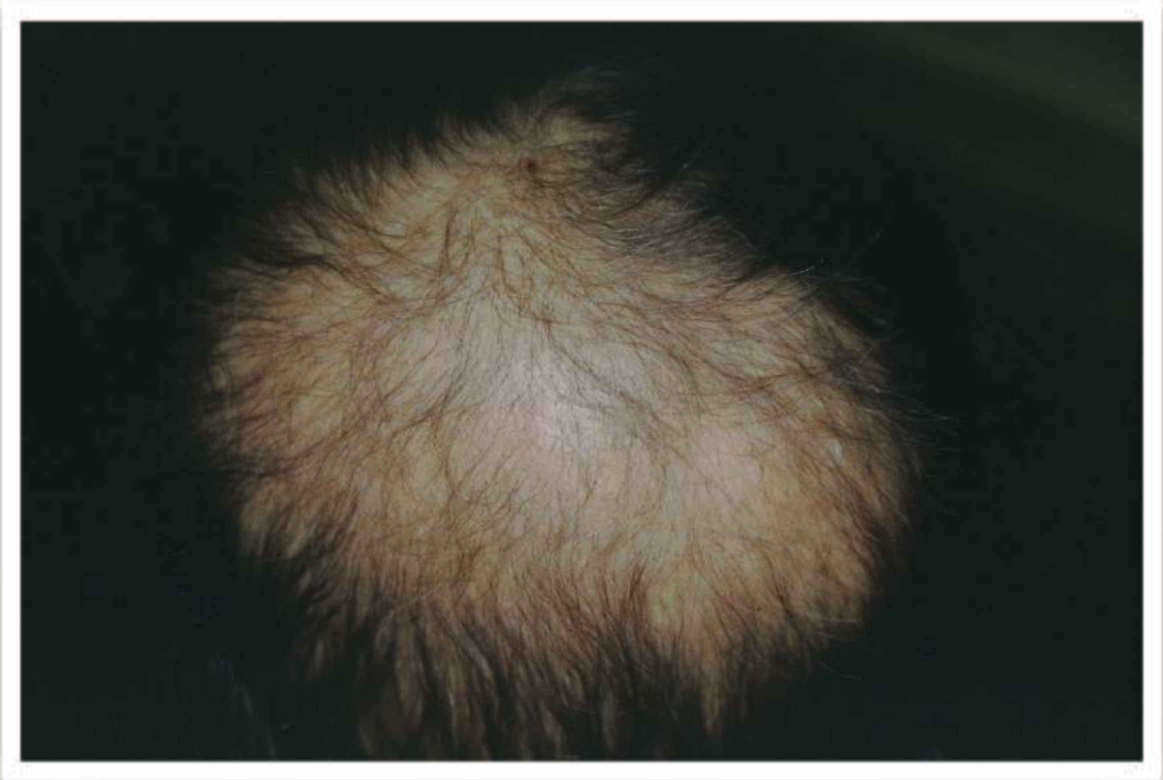


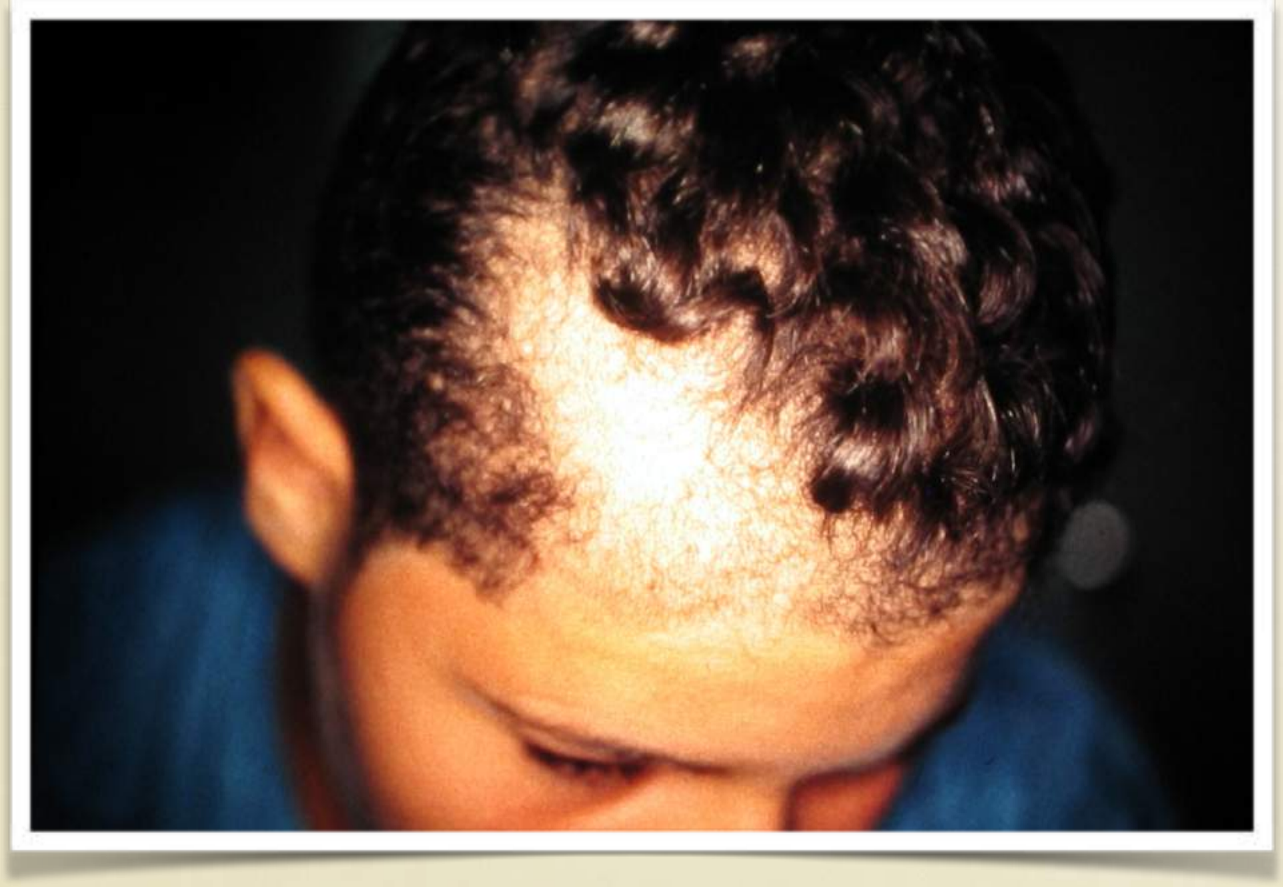


Alopecia areata.



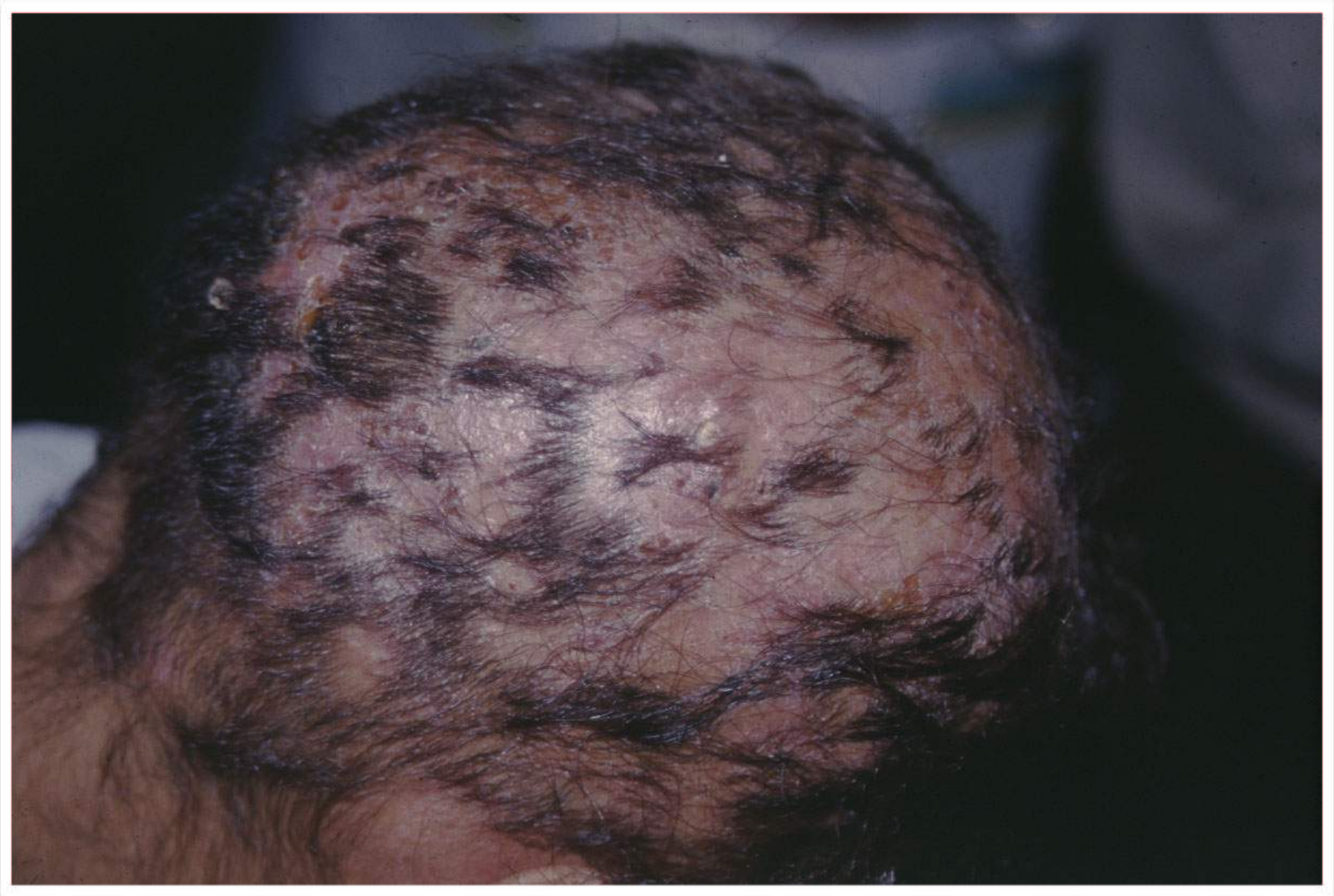
Alopecia totalis.



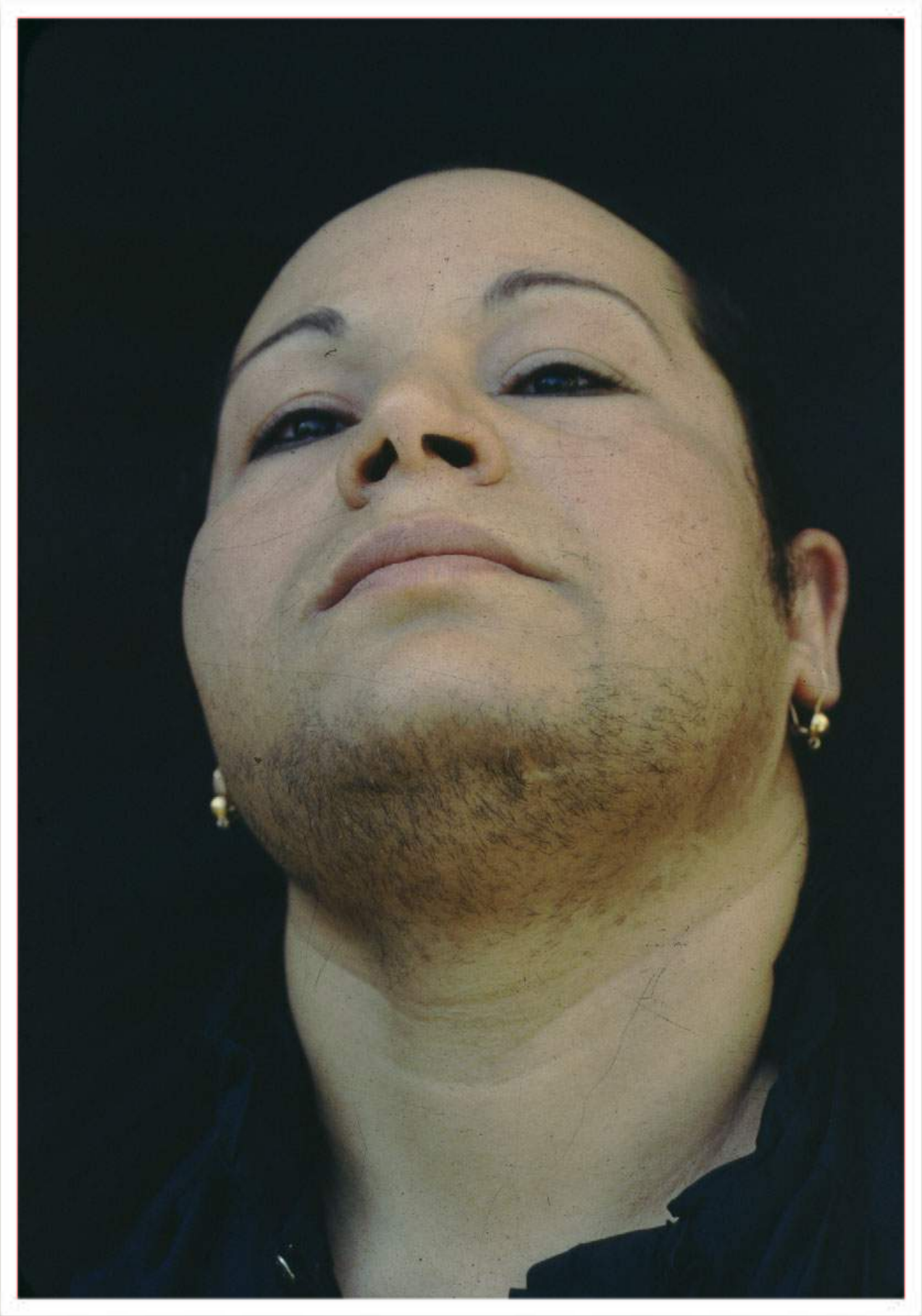


Trichotillomania - TTM.

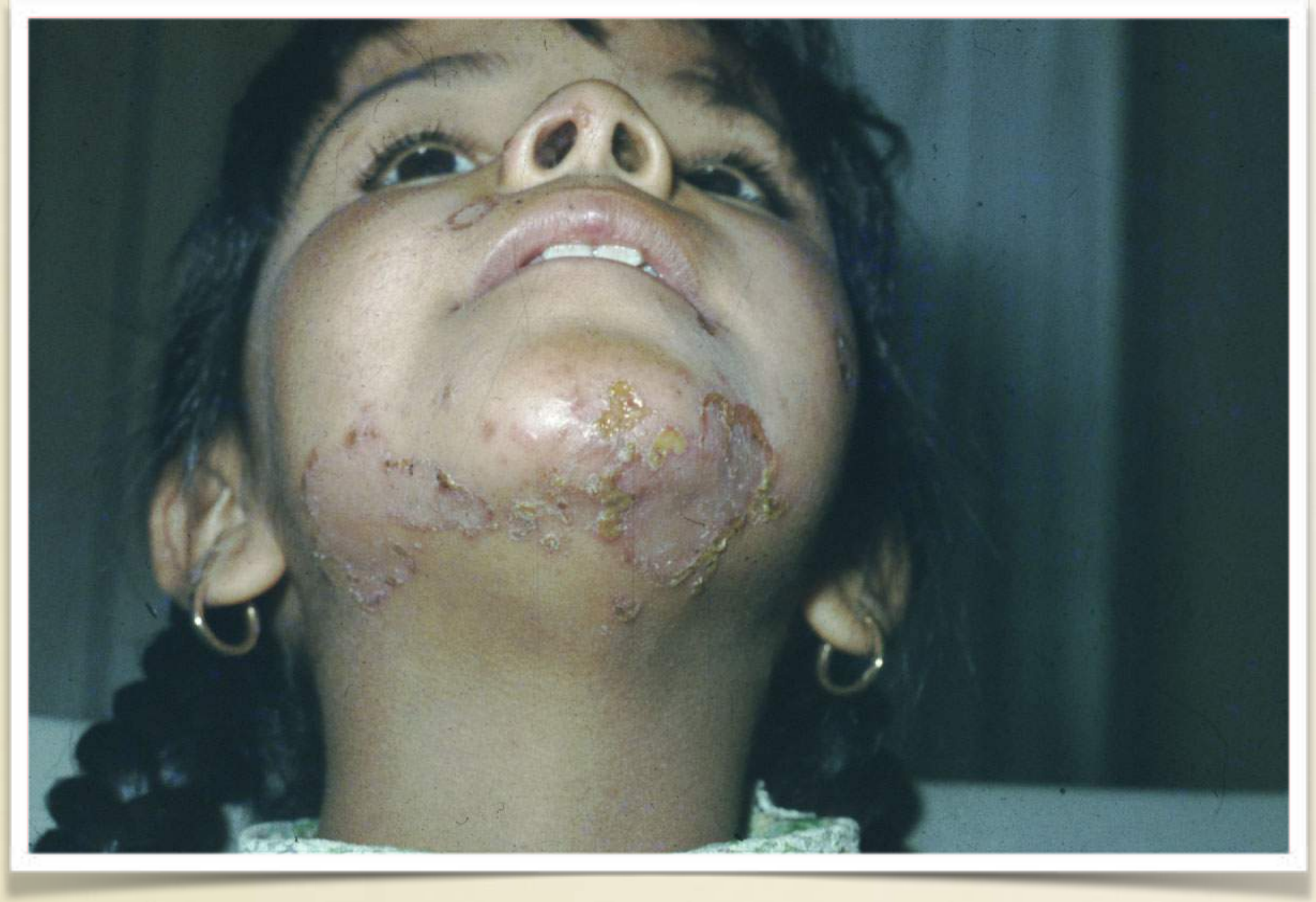
Trichotillomania, also known as trich, is when someone can't resist the urge to pull out their hair. They may pull out the hair on their head or in other places, such as their eyebrows or eyelashes.

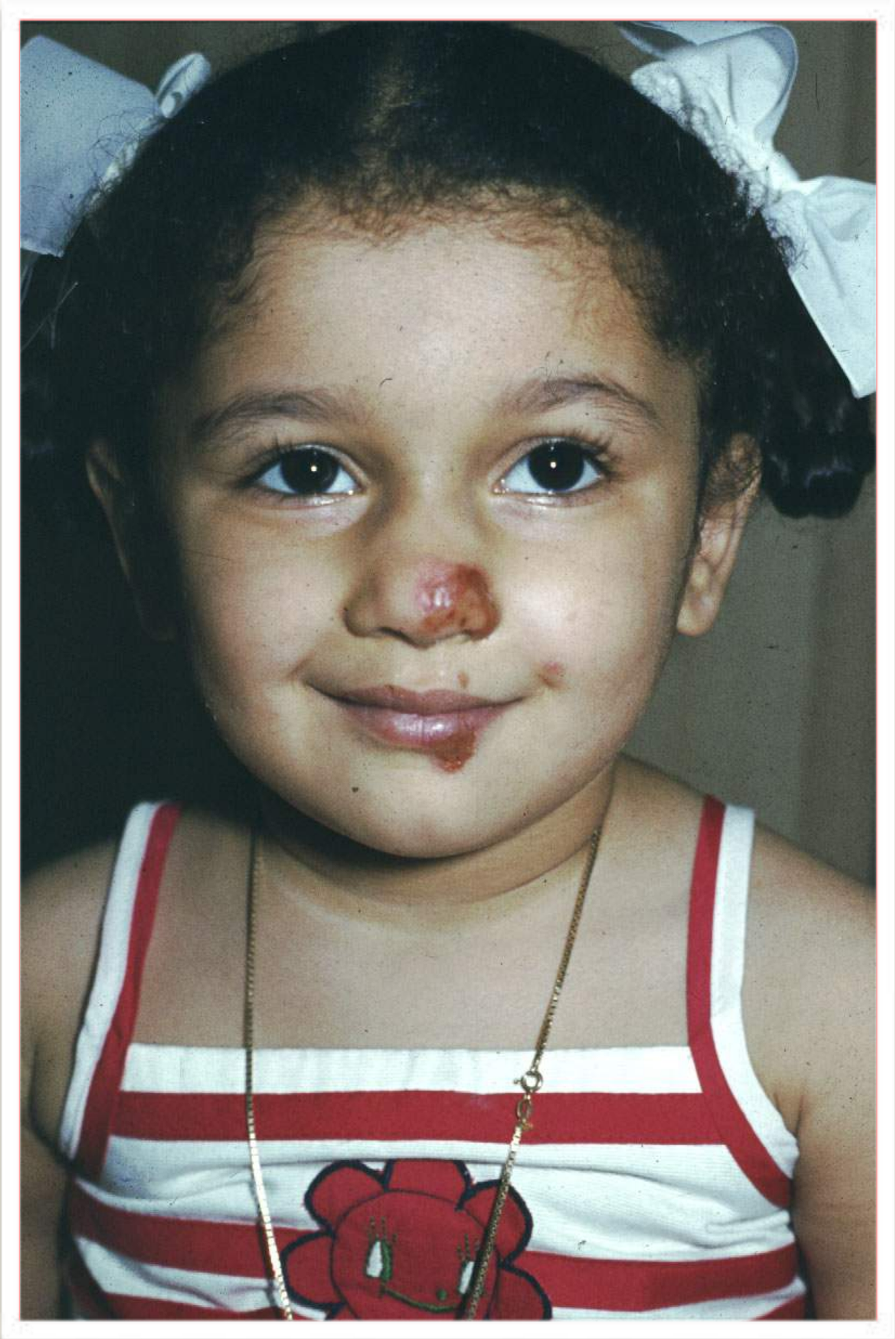


Scaring alopecia due to burn.

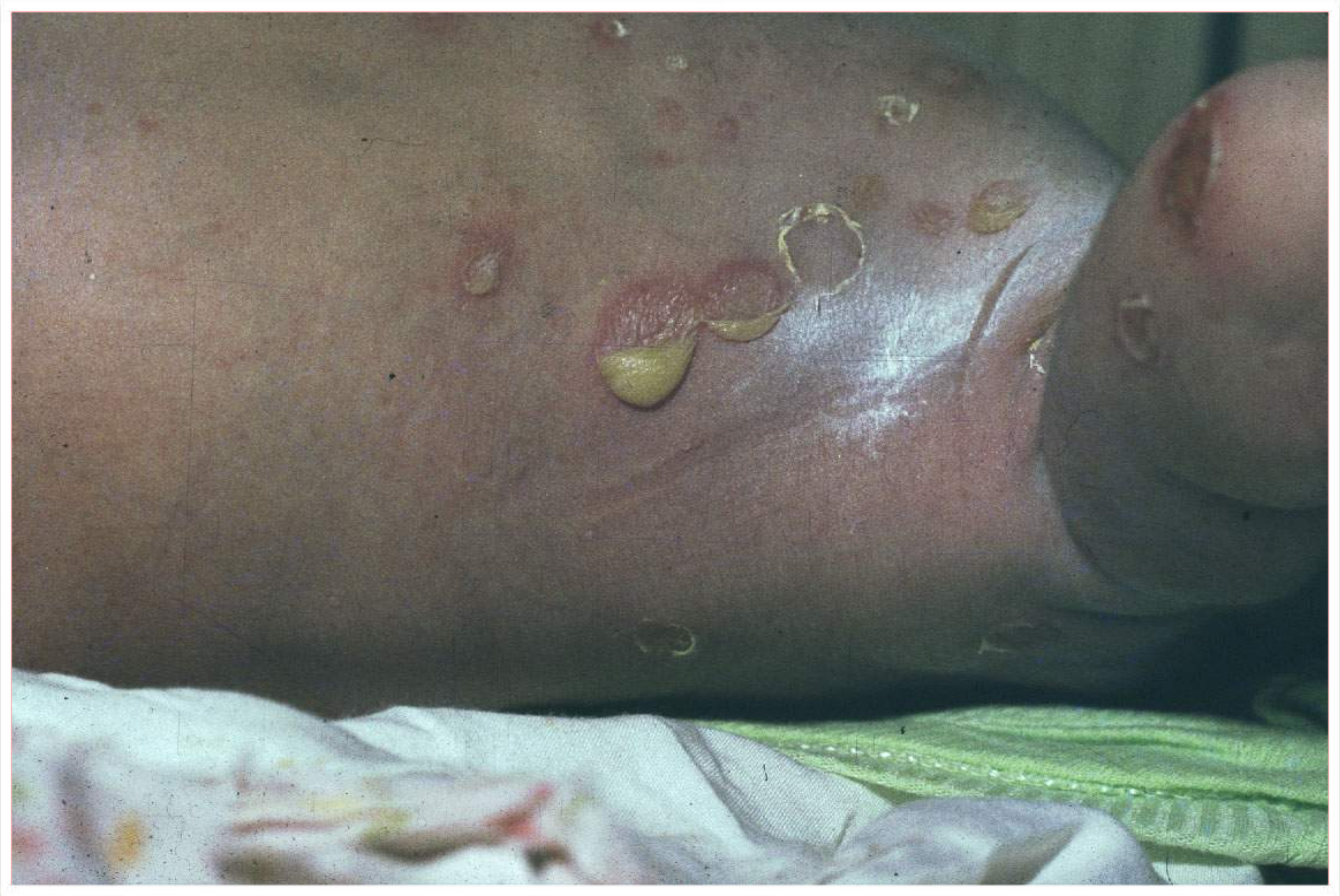


Hirsutism.

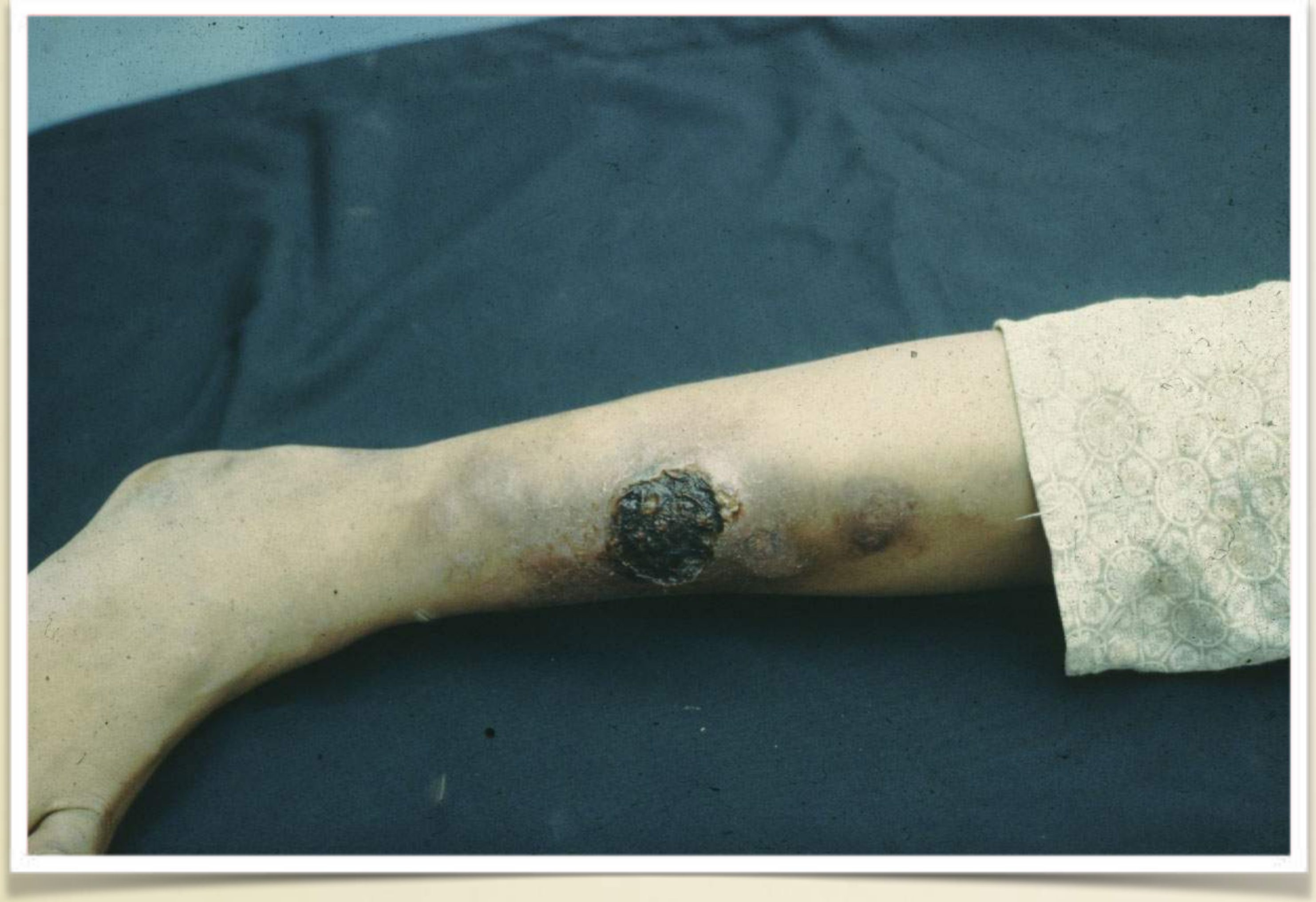


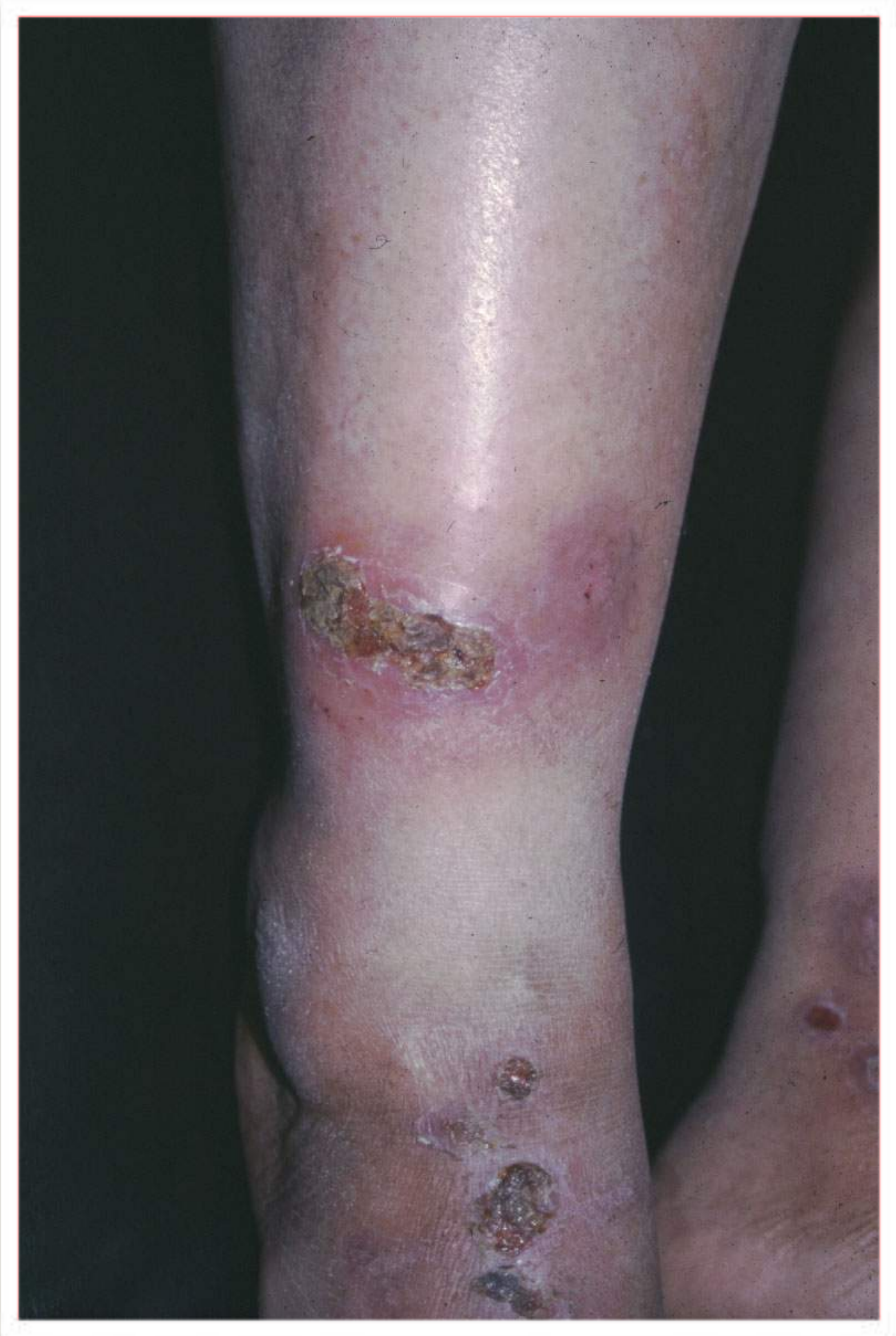


Impetigo contagiosa.

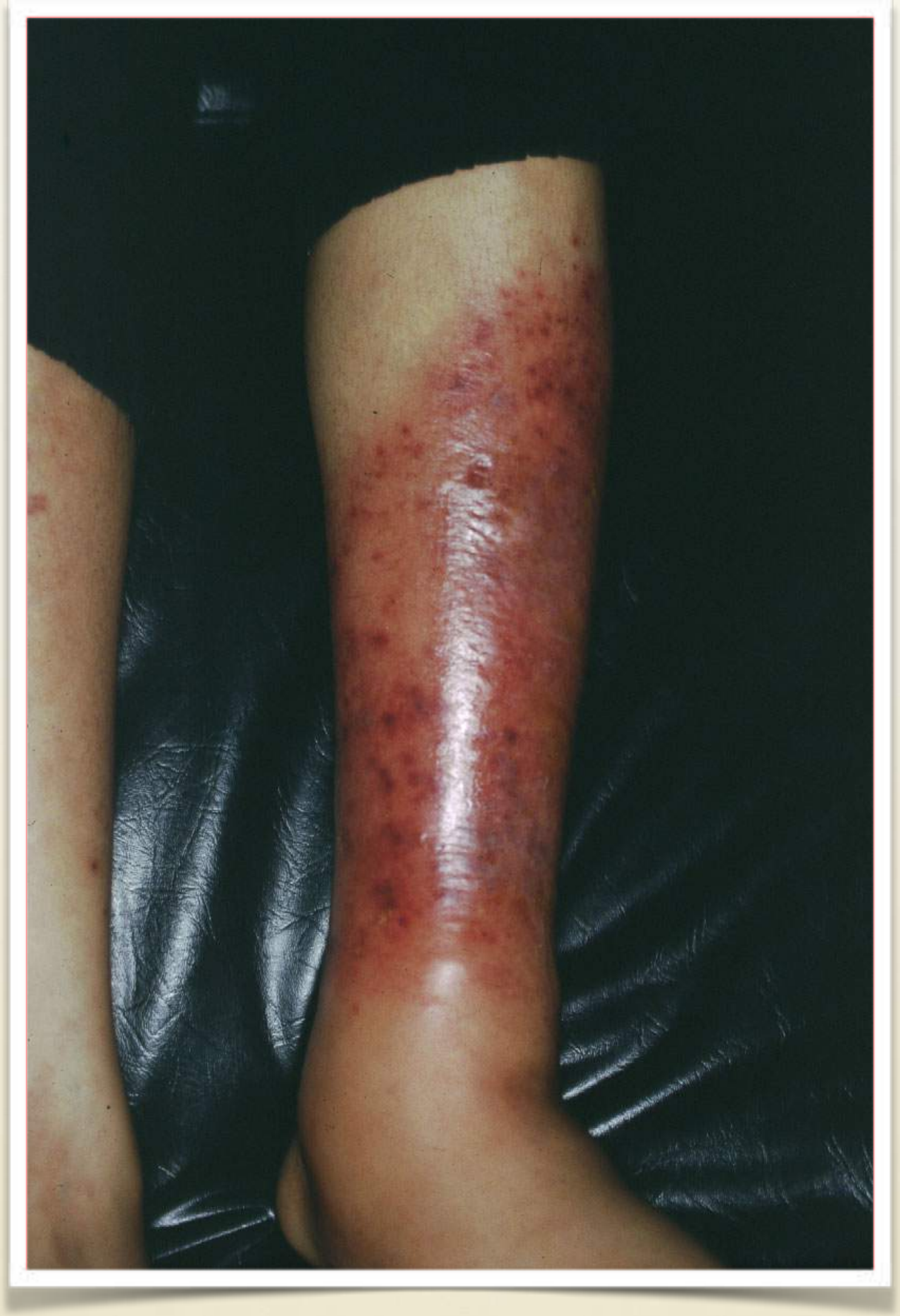


Bullous impetigo.

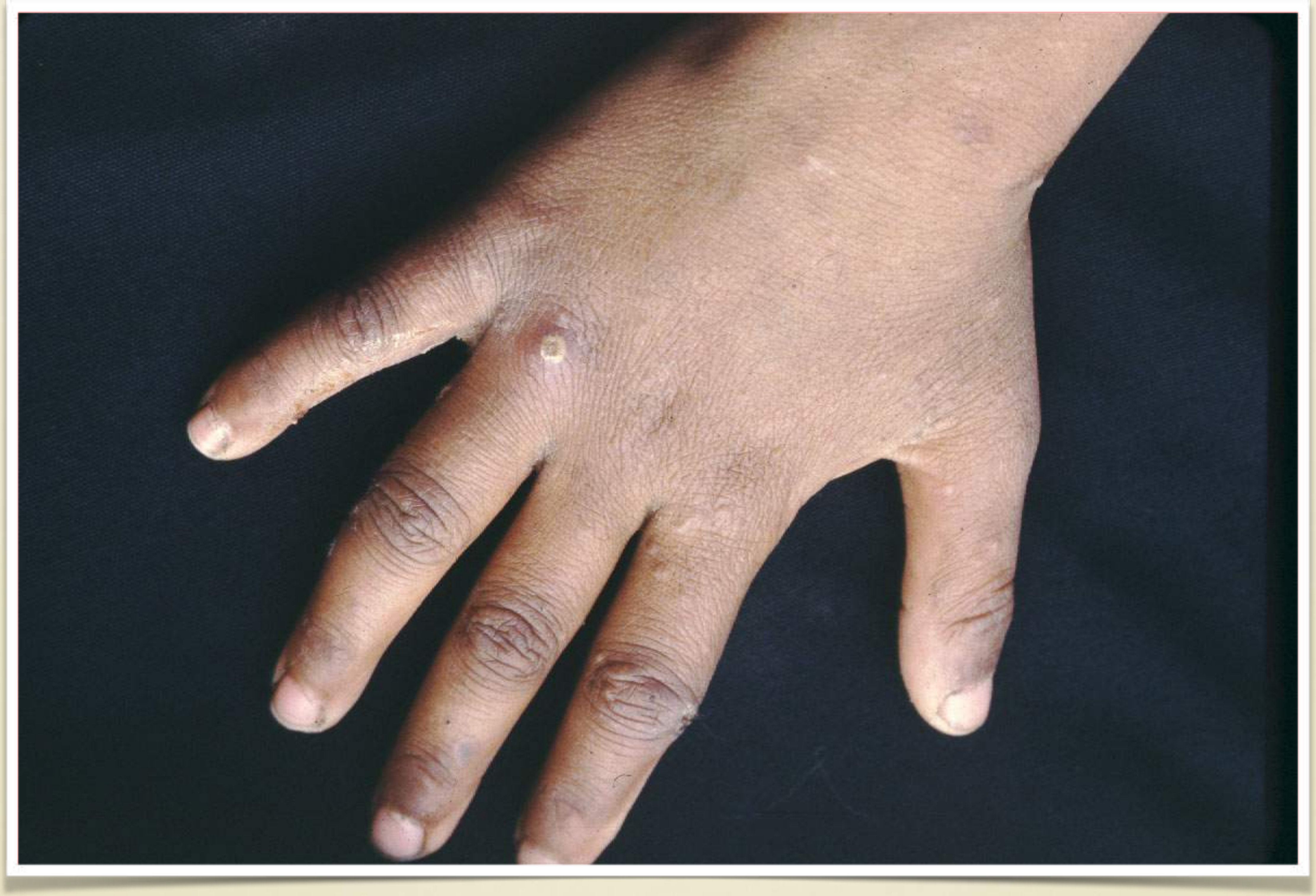




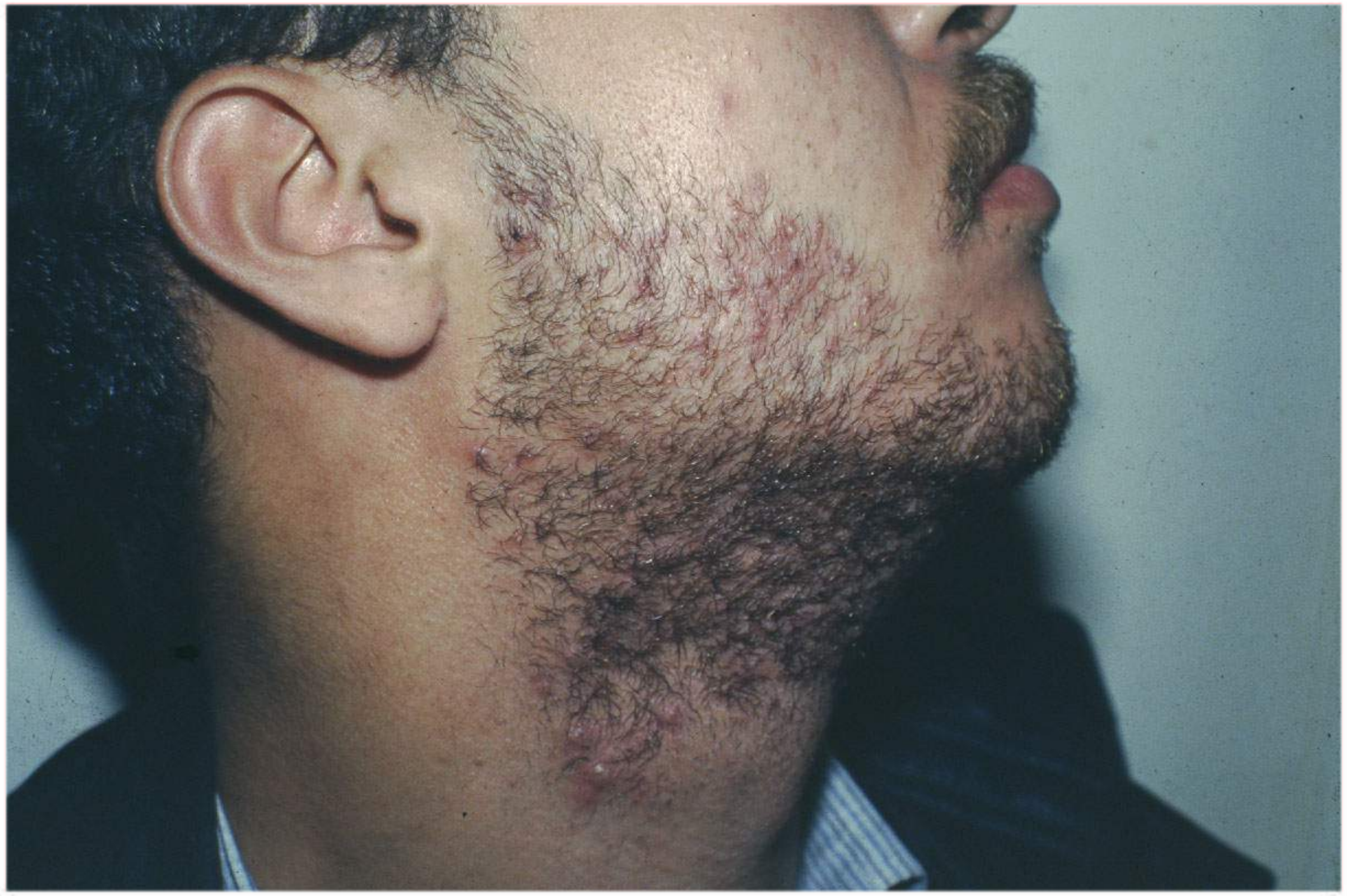
Ecthyma.

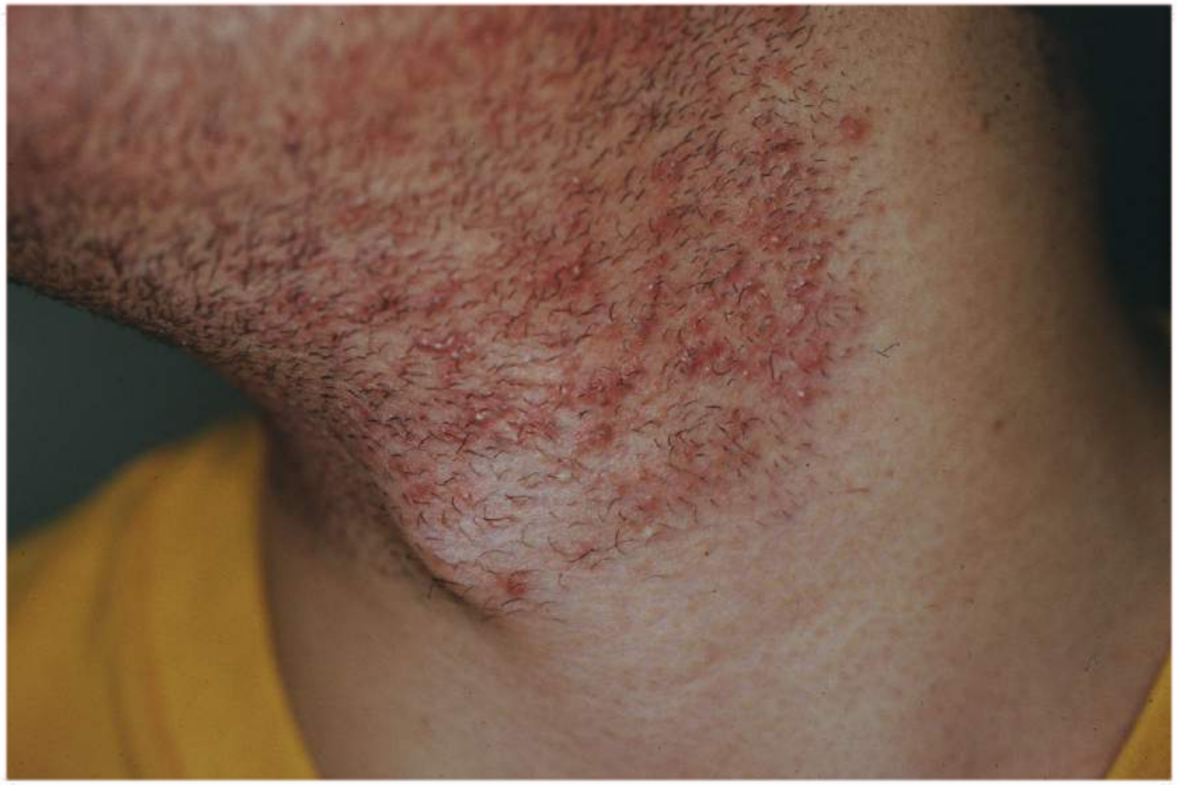


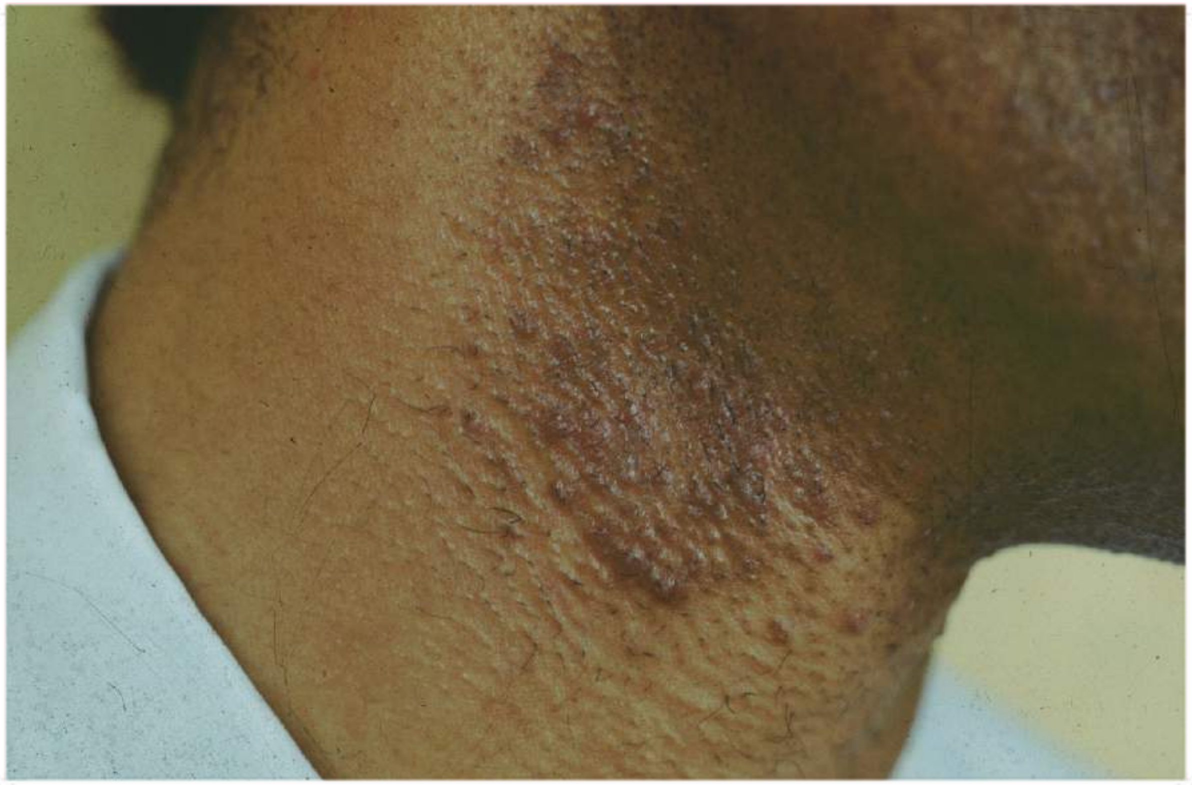
Cellulitis.



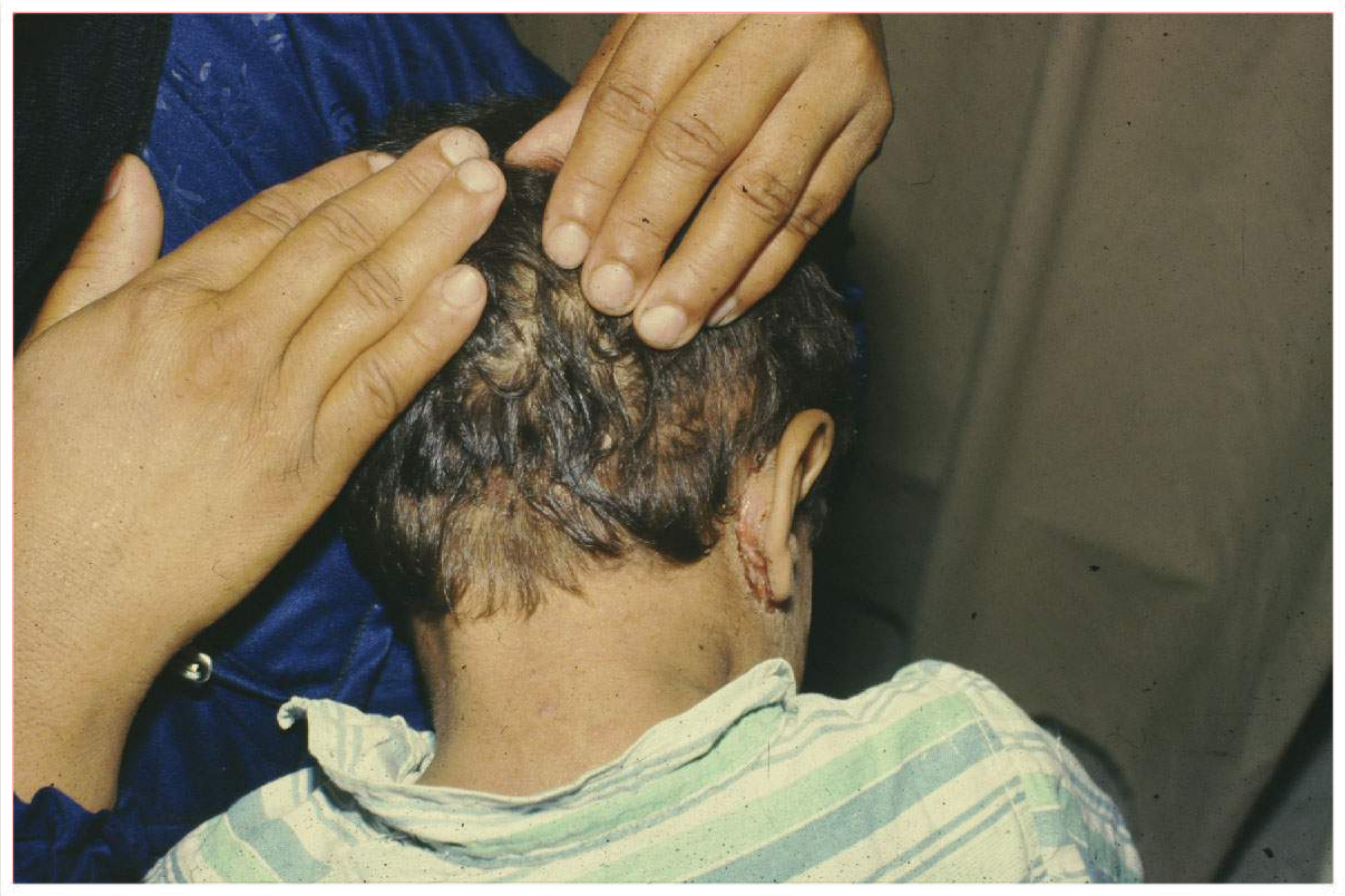
Bokhart impetigo.



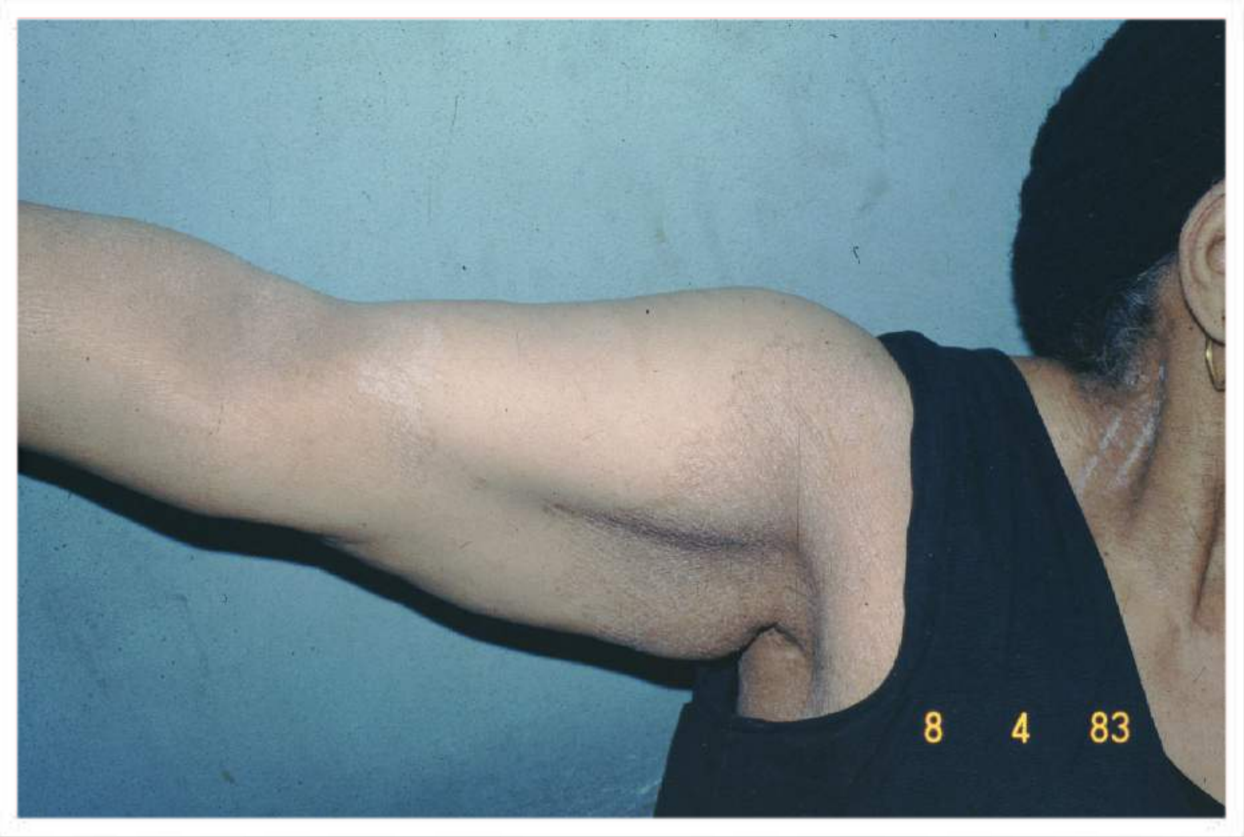


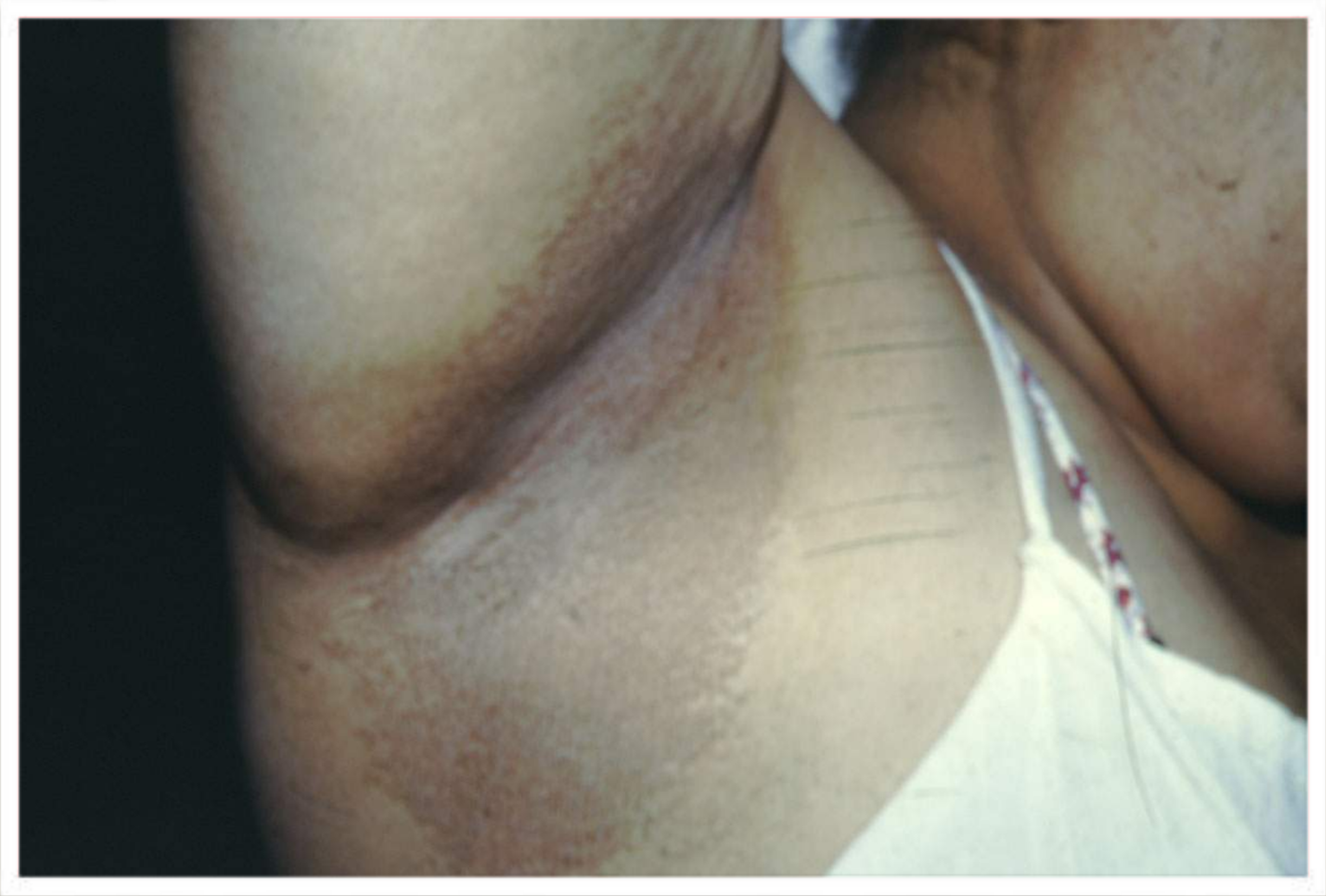


Pseudofolliculitis barbae.

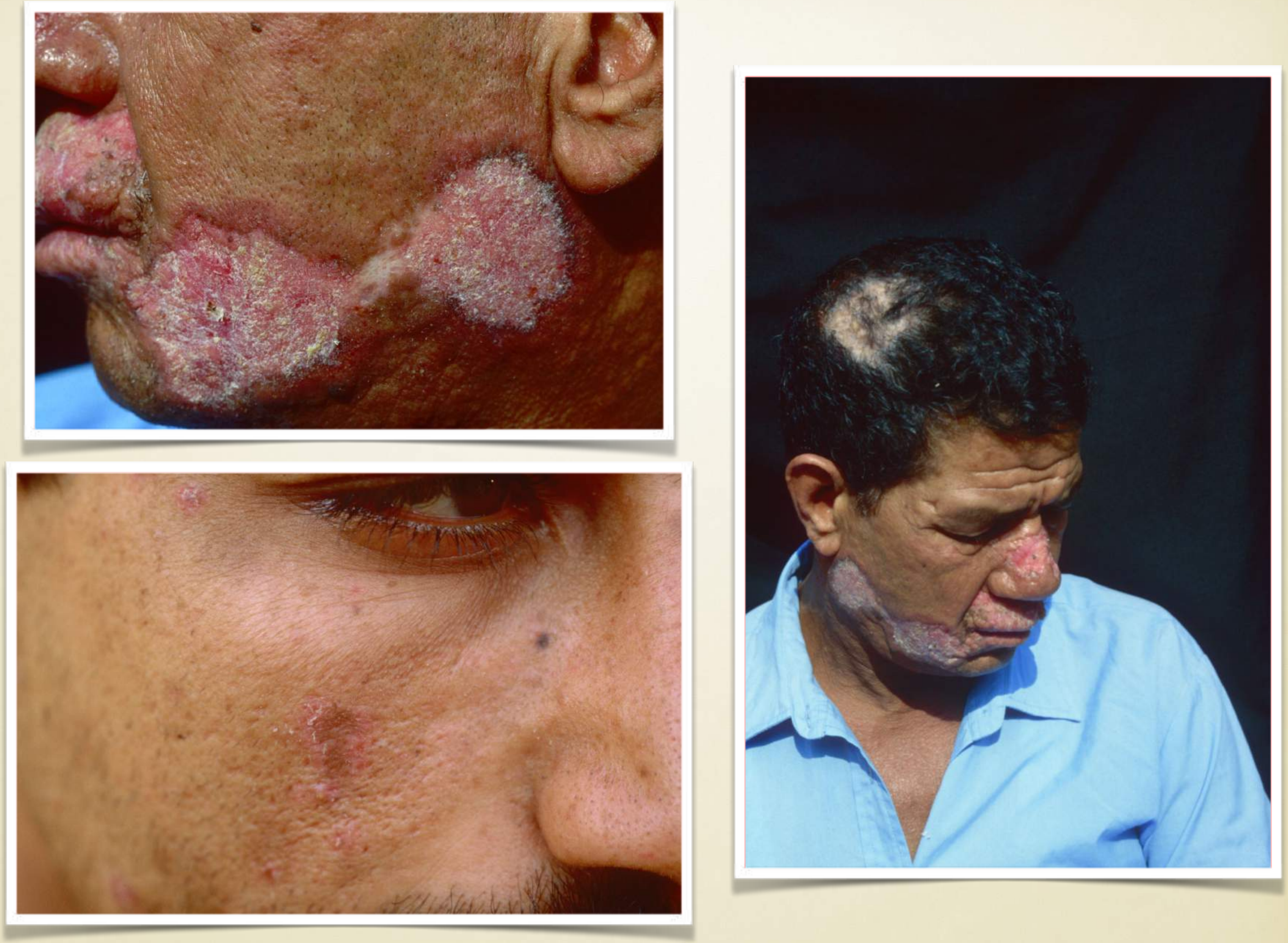


Streptococcal intertrigo.

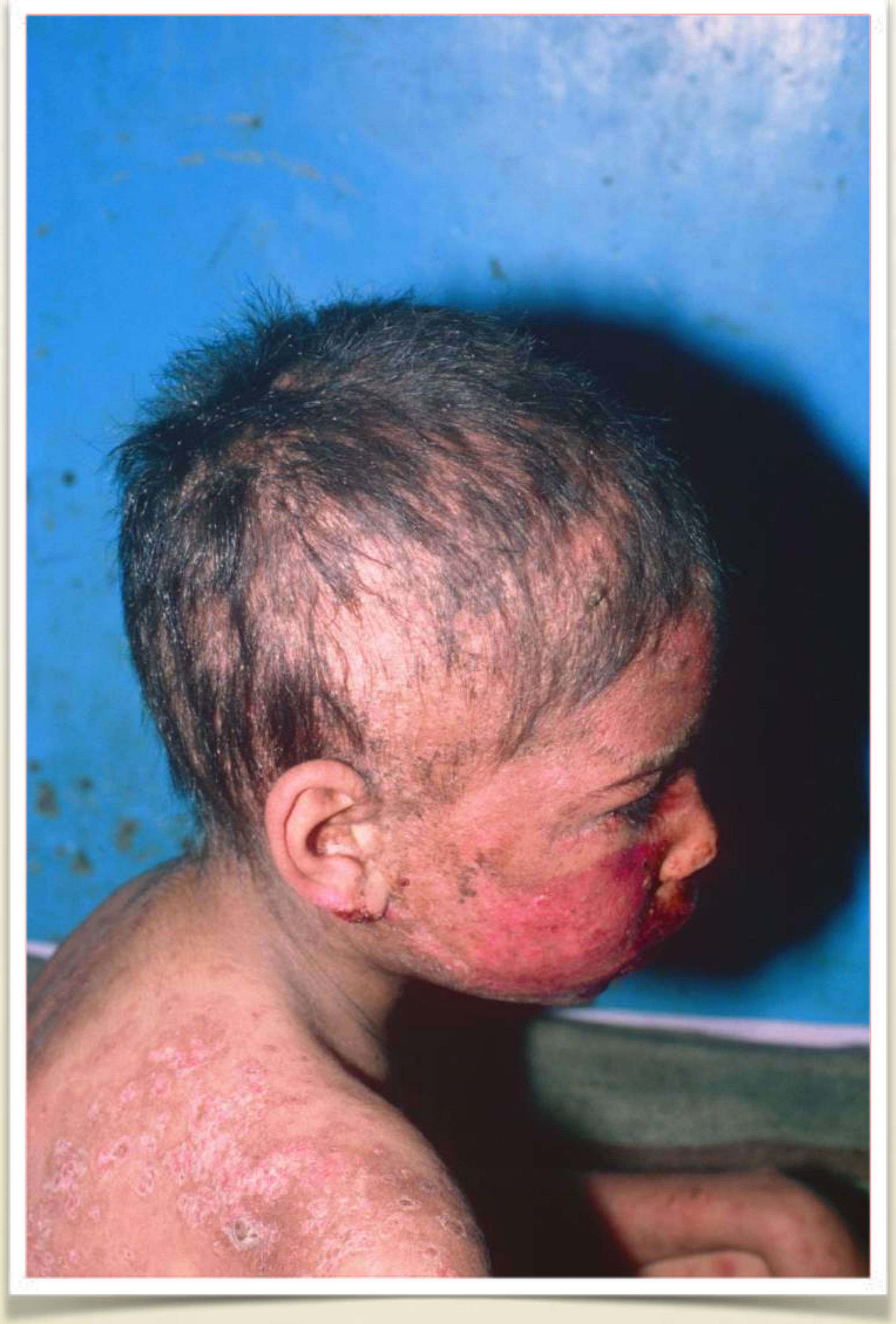

8 4 83



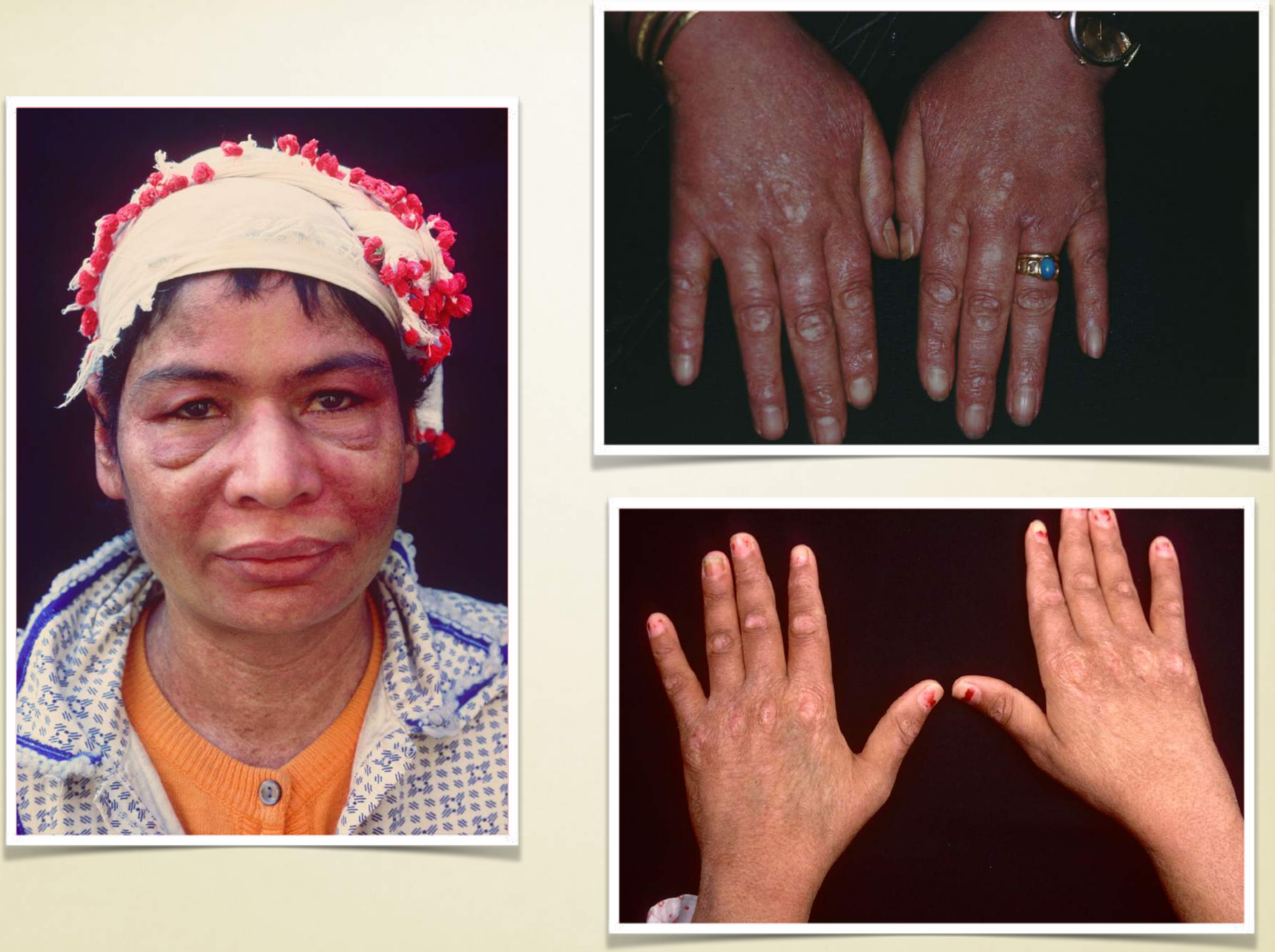
Erythrasma.



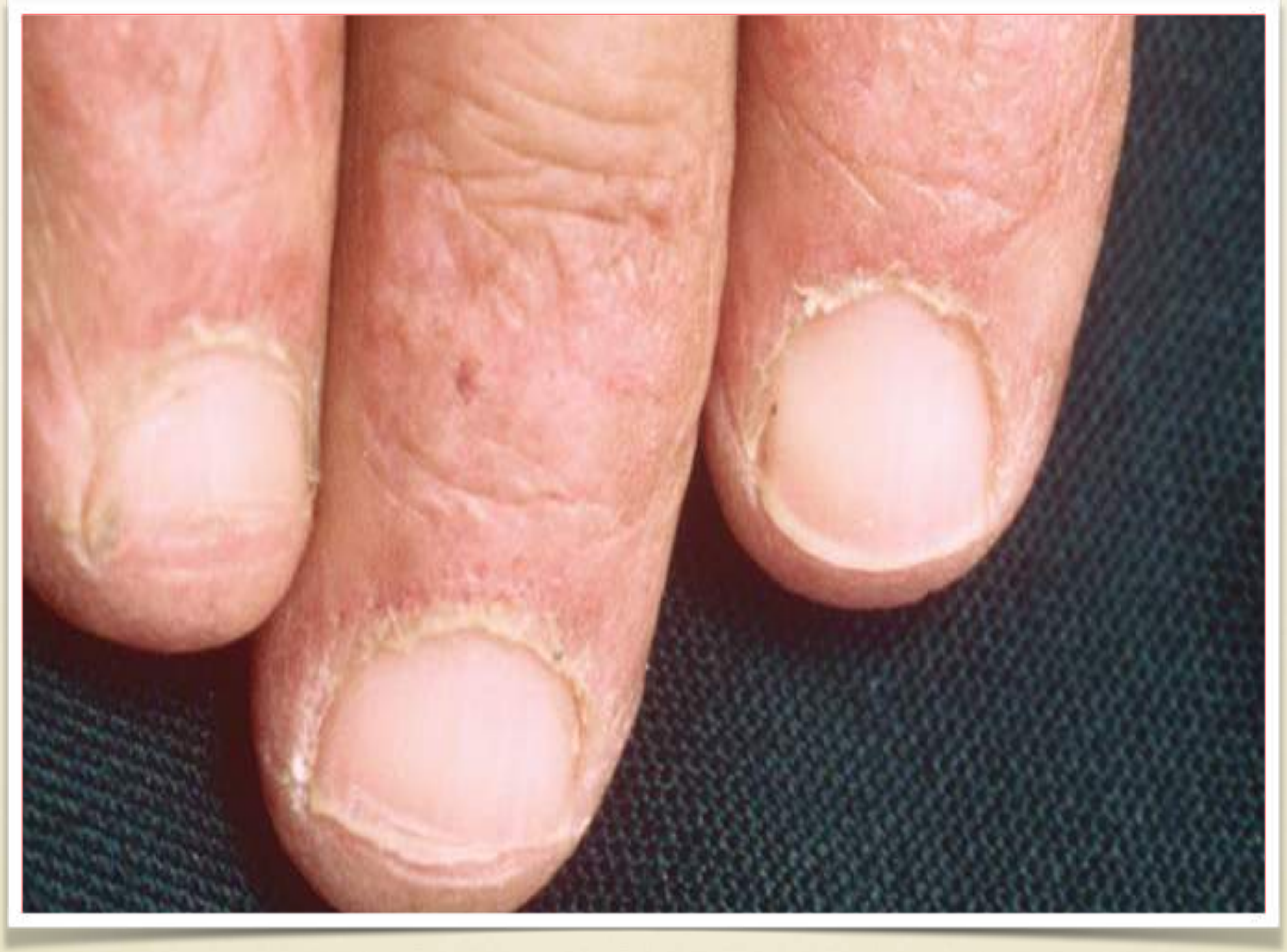
Chronic Discoid Lupus Erythematosus.



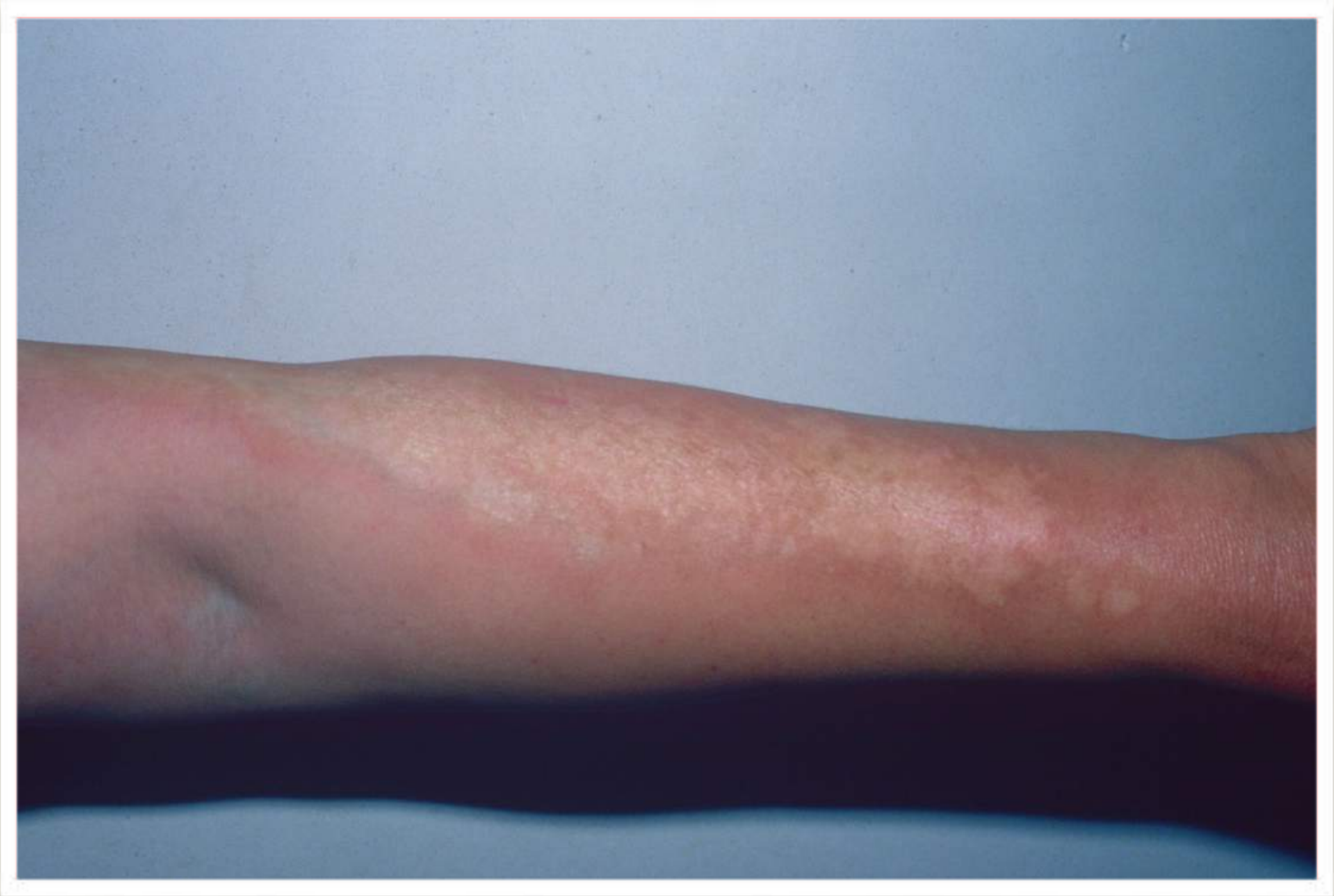
SLE - Systemic Lupus Erythematosus.

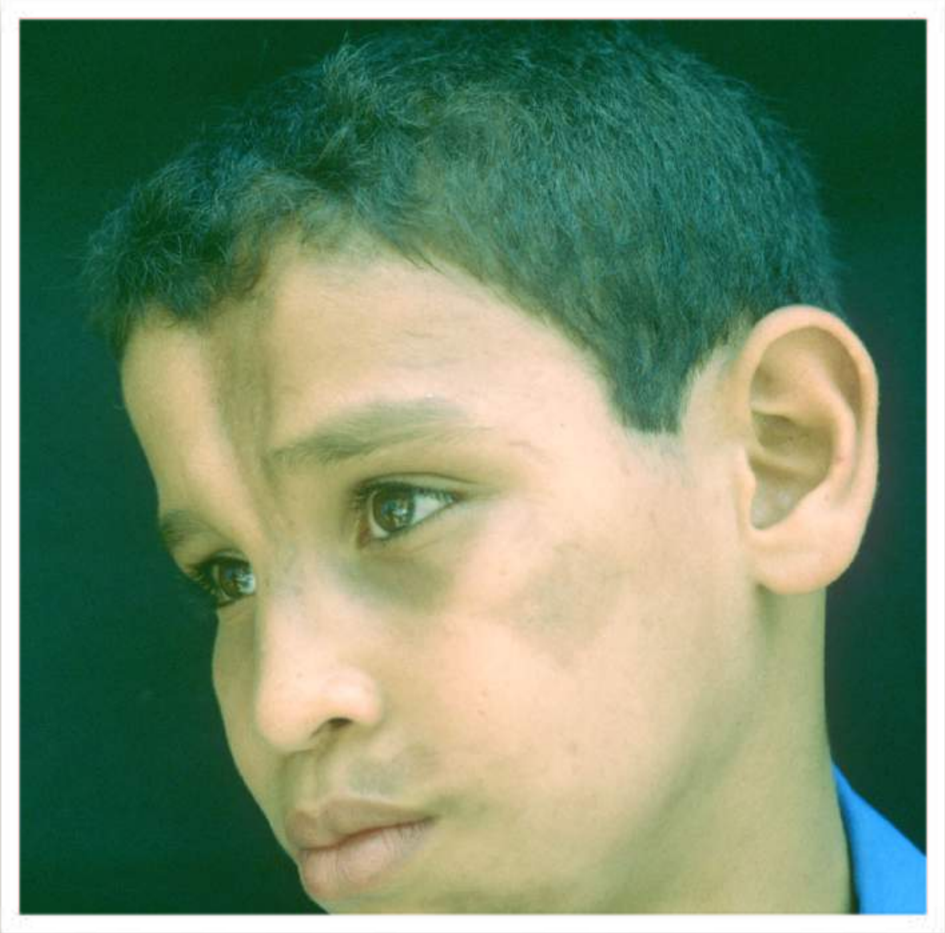


Dermatomyositis.

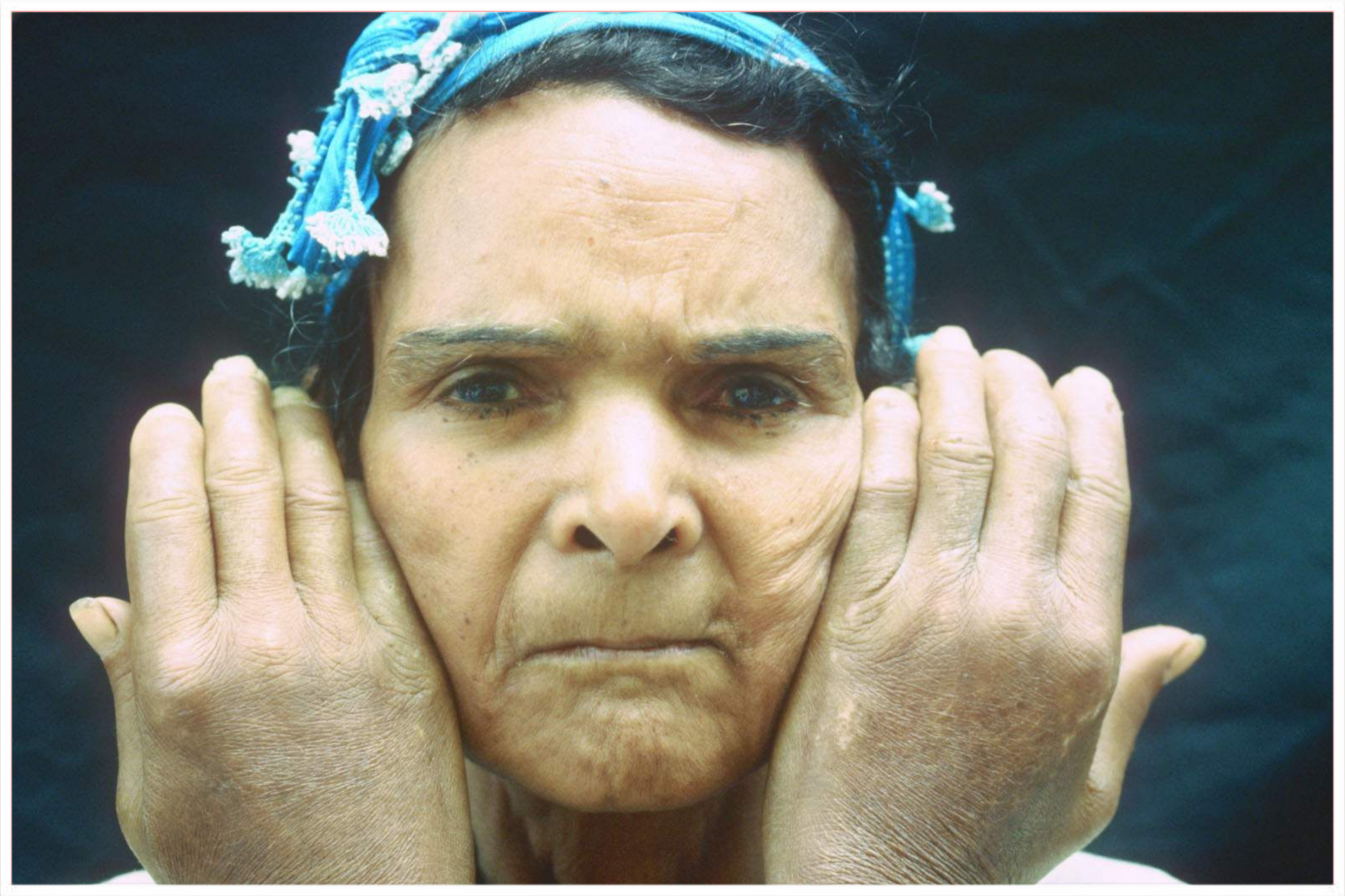


Dermatomyositis: periungual telangiectasia.

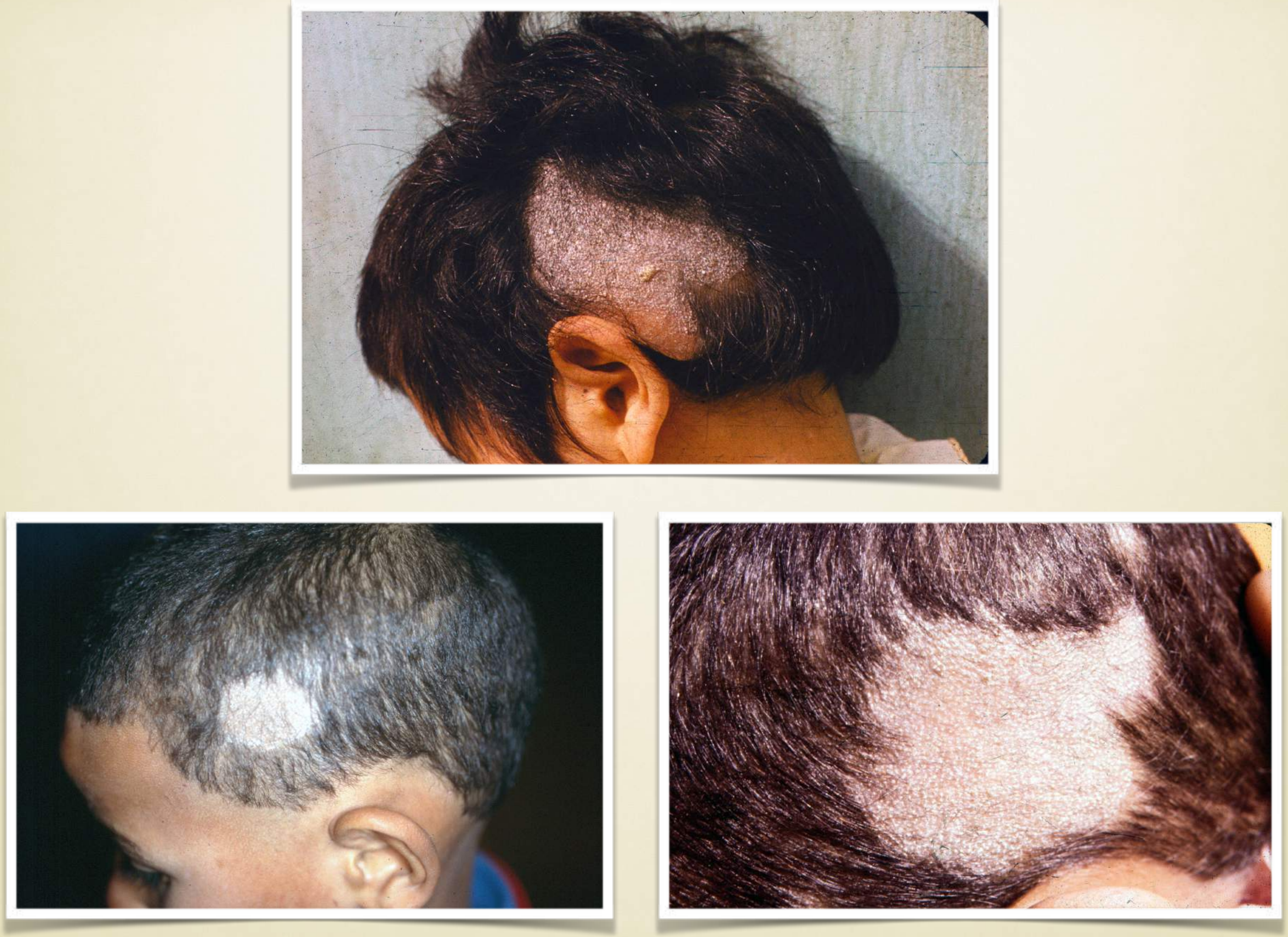




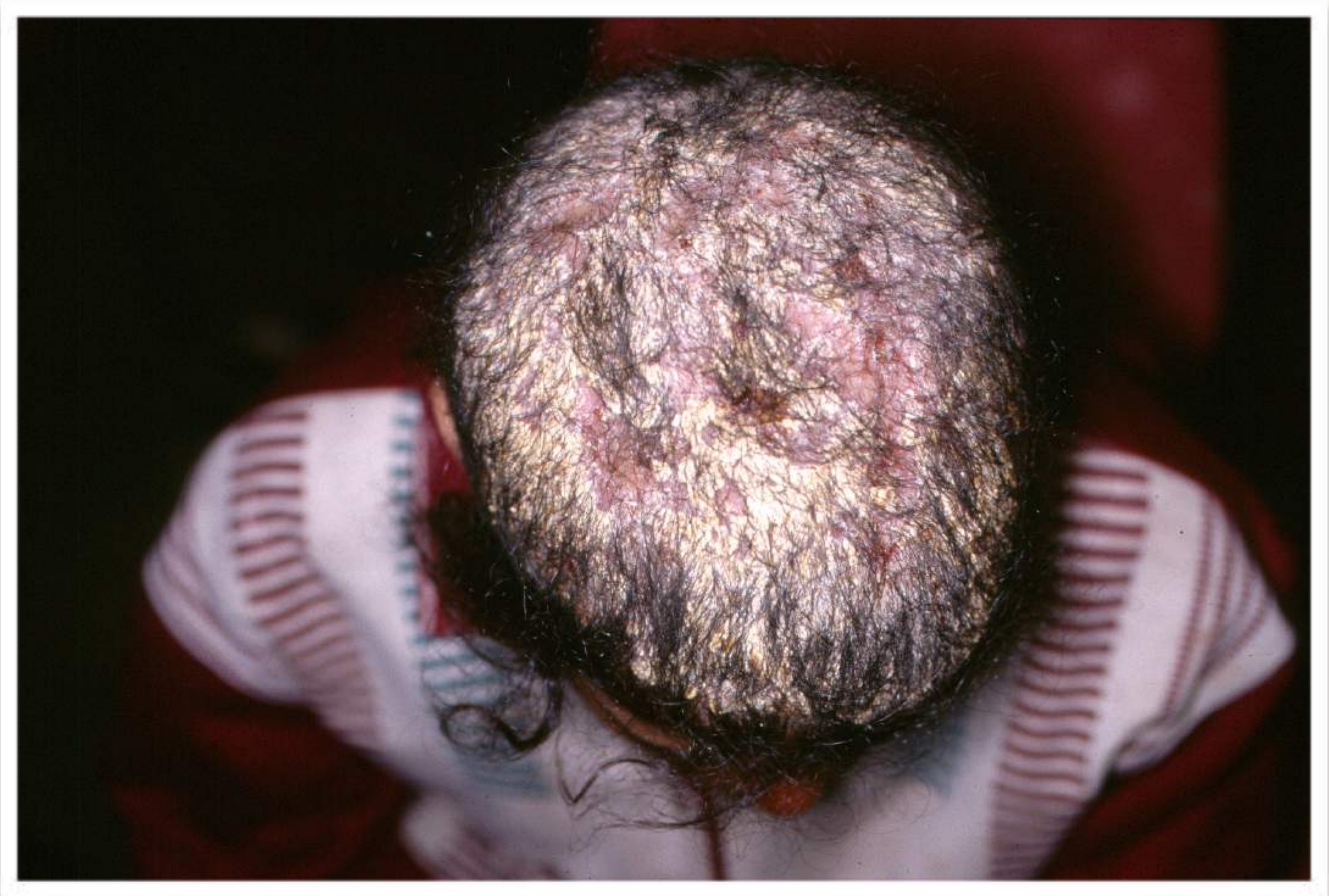
Morphea.

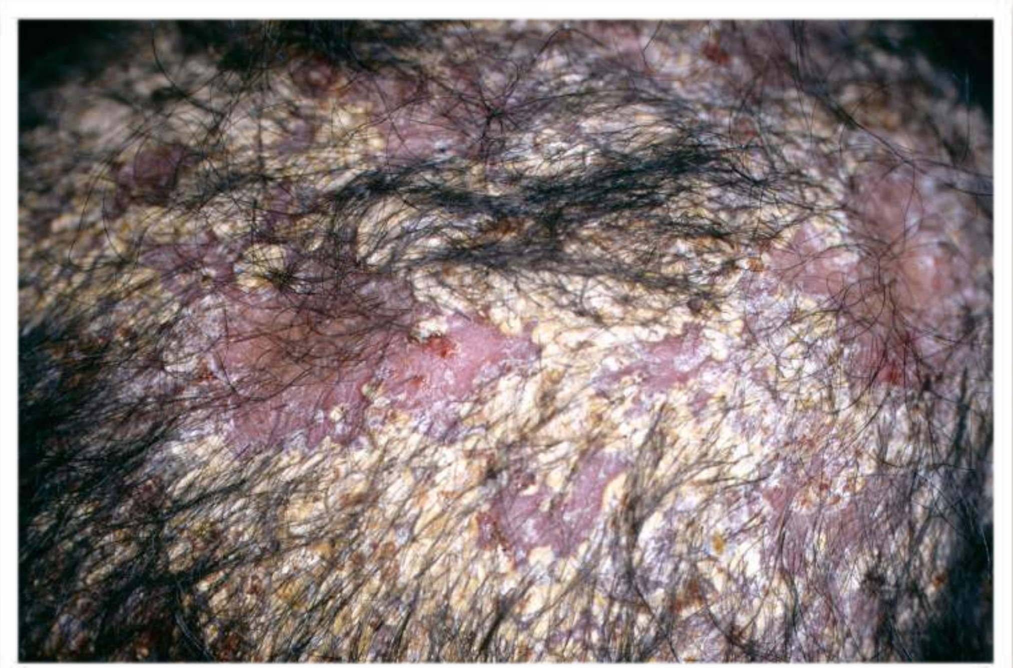


Systemic sclerosis.

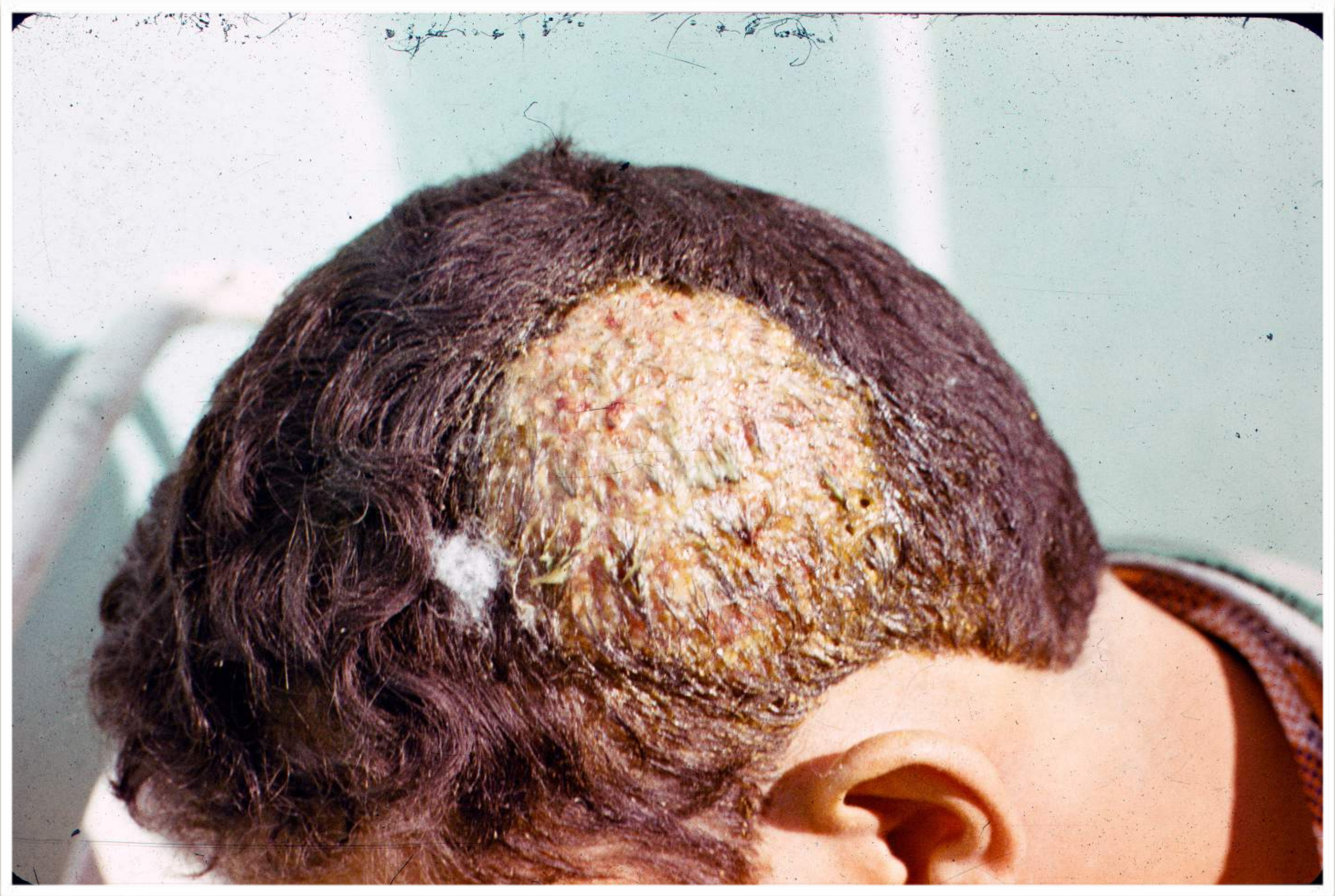


Tinea Capitis.

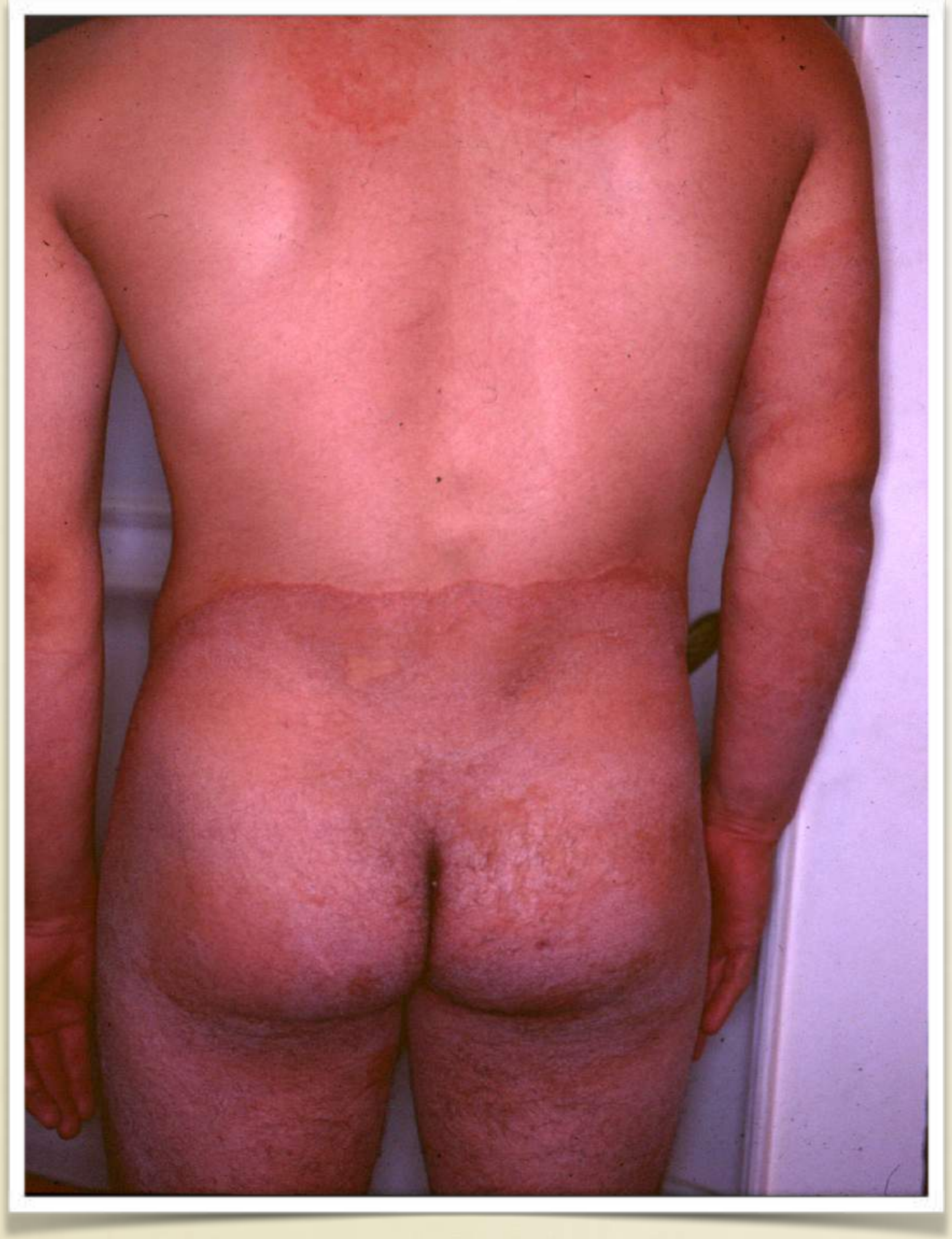


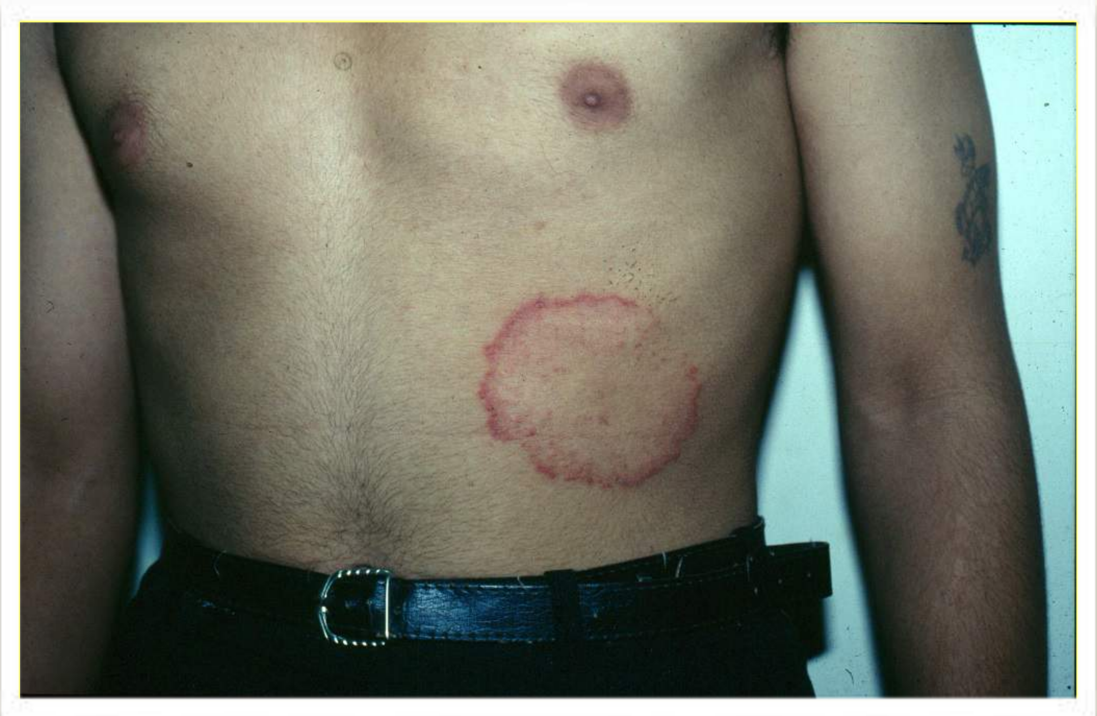


Tinea capitis - Favus.

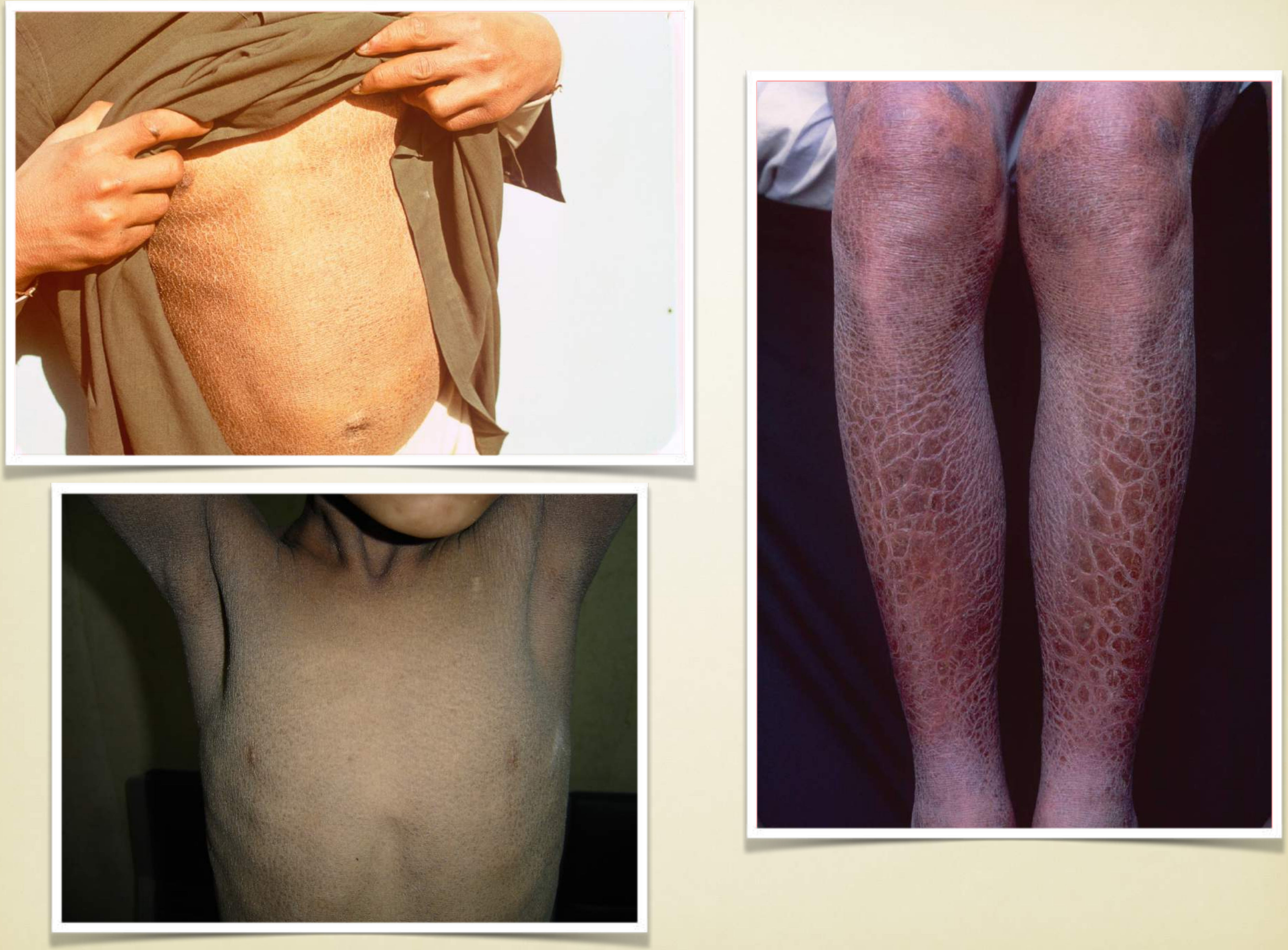


Tinea capitis - Kerion.

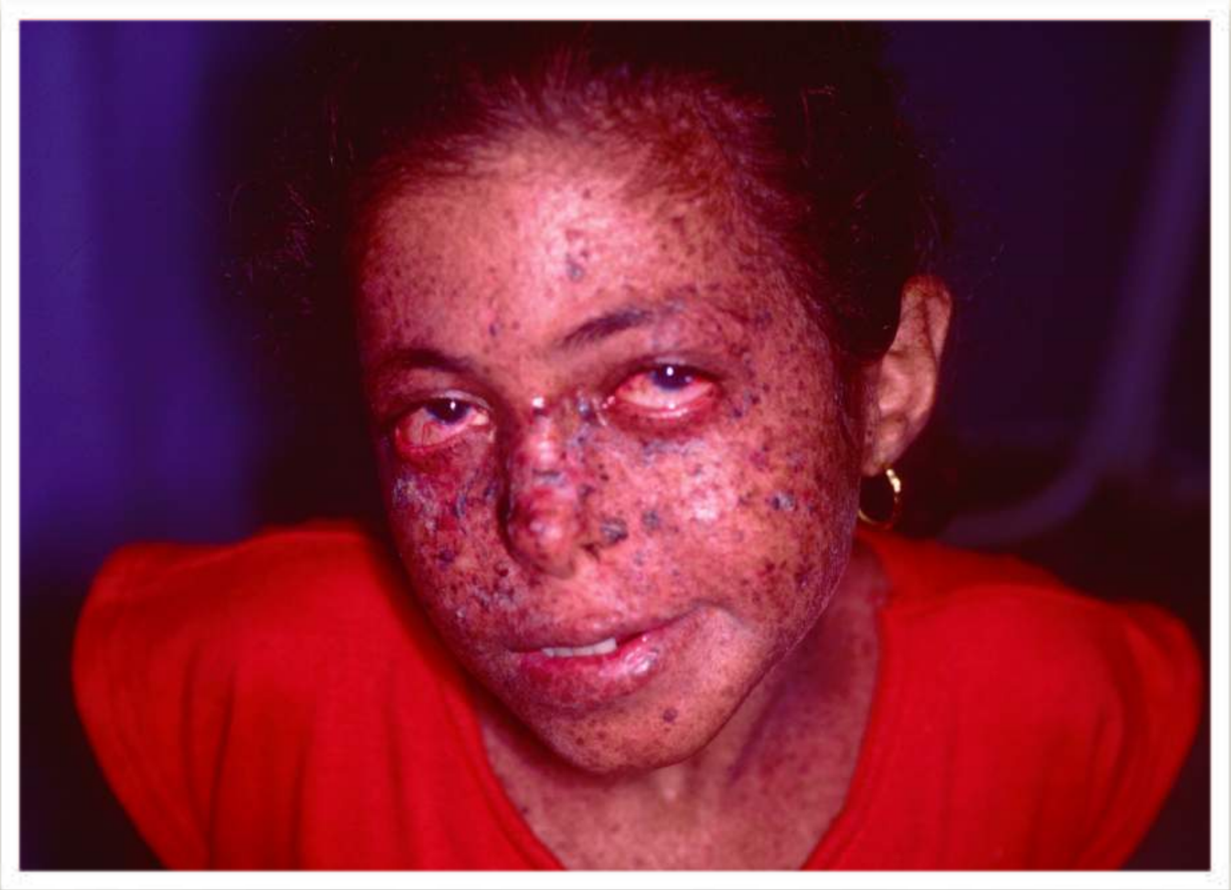


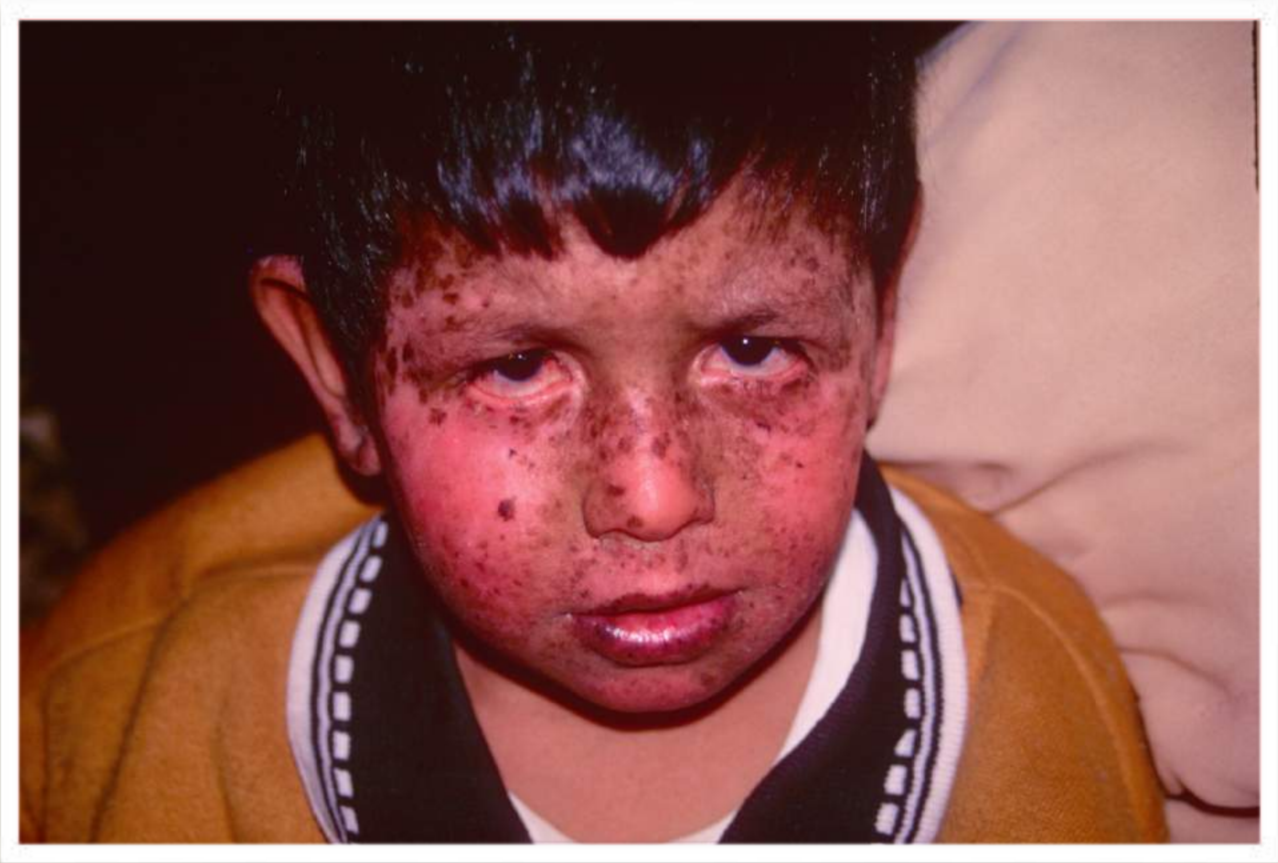


Tinea corporis.

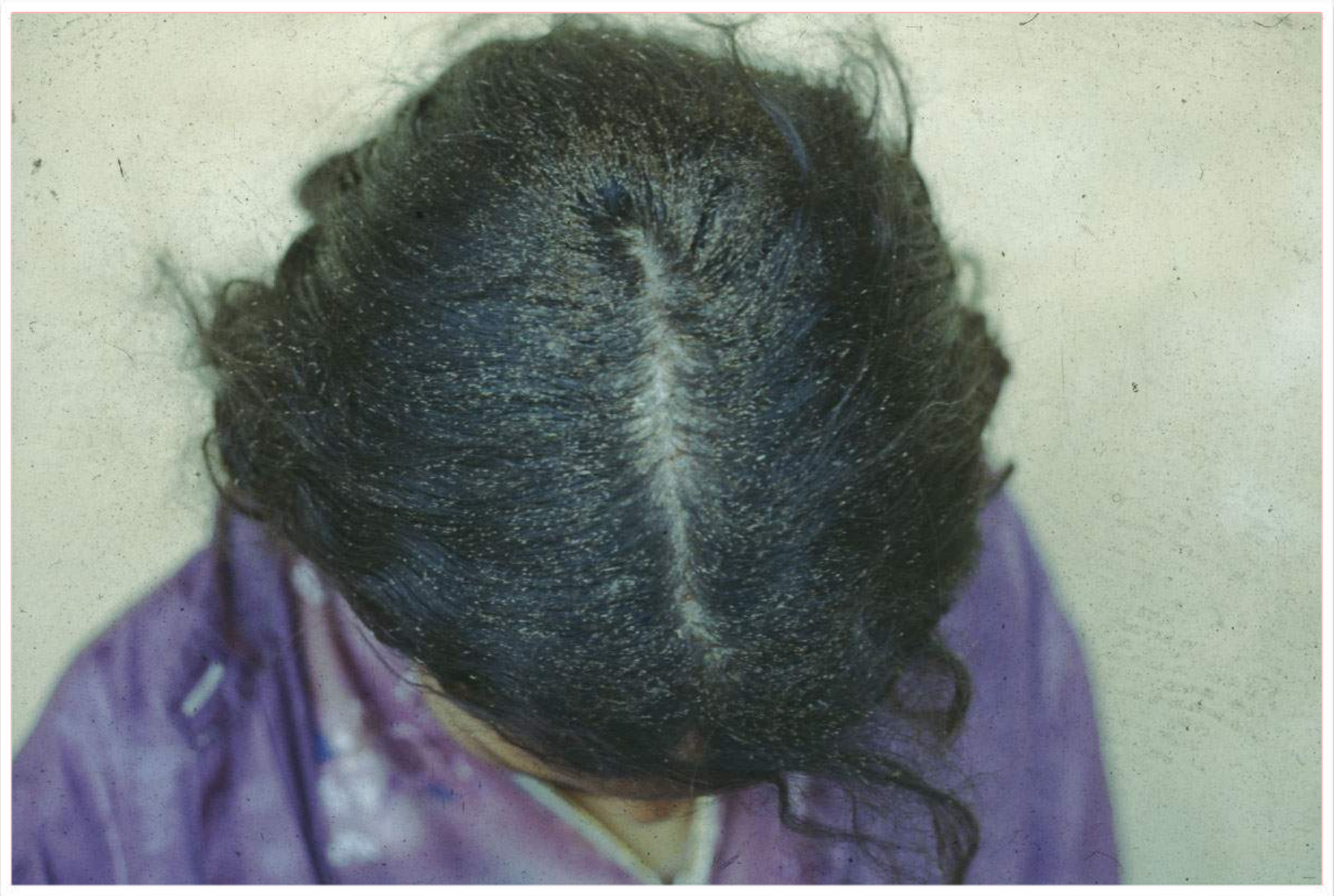


Ichthyosis Vulgaris.

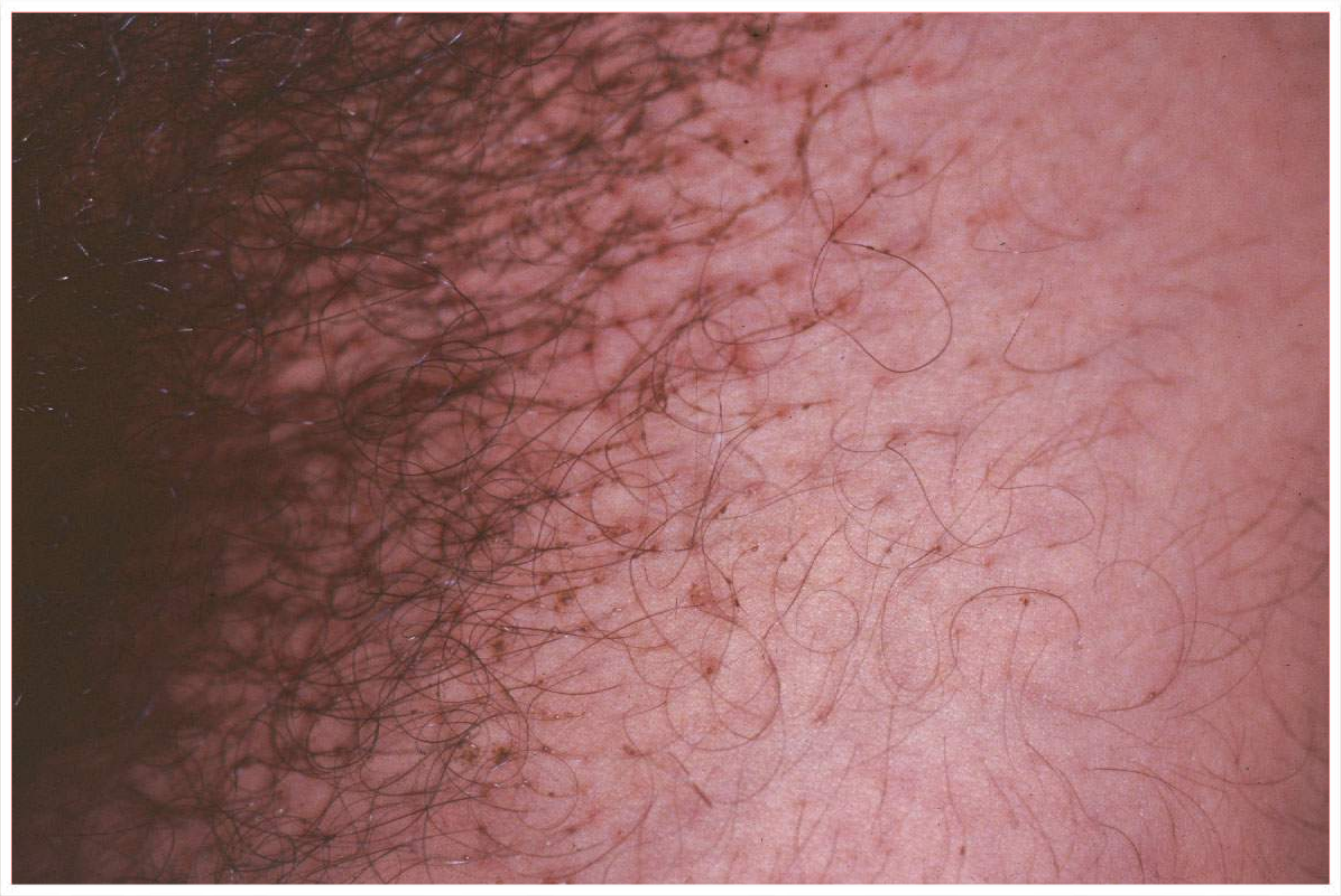




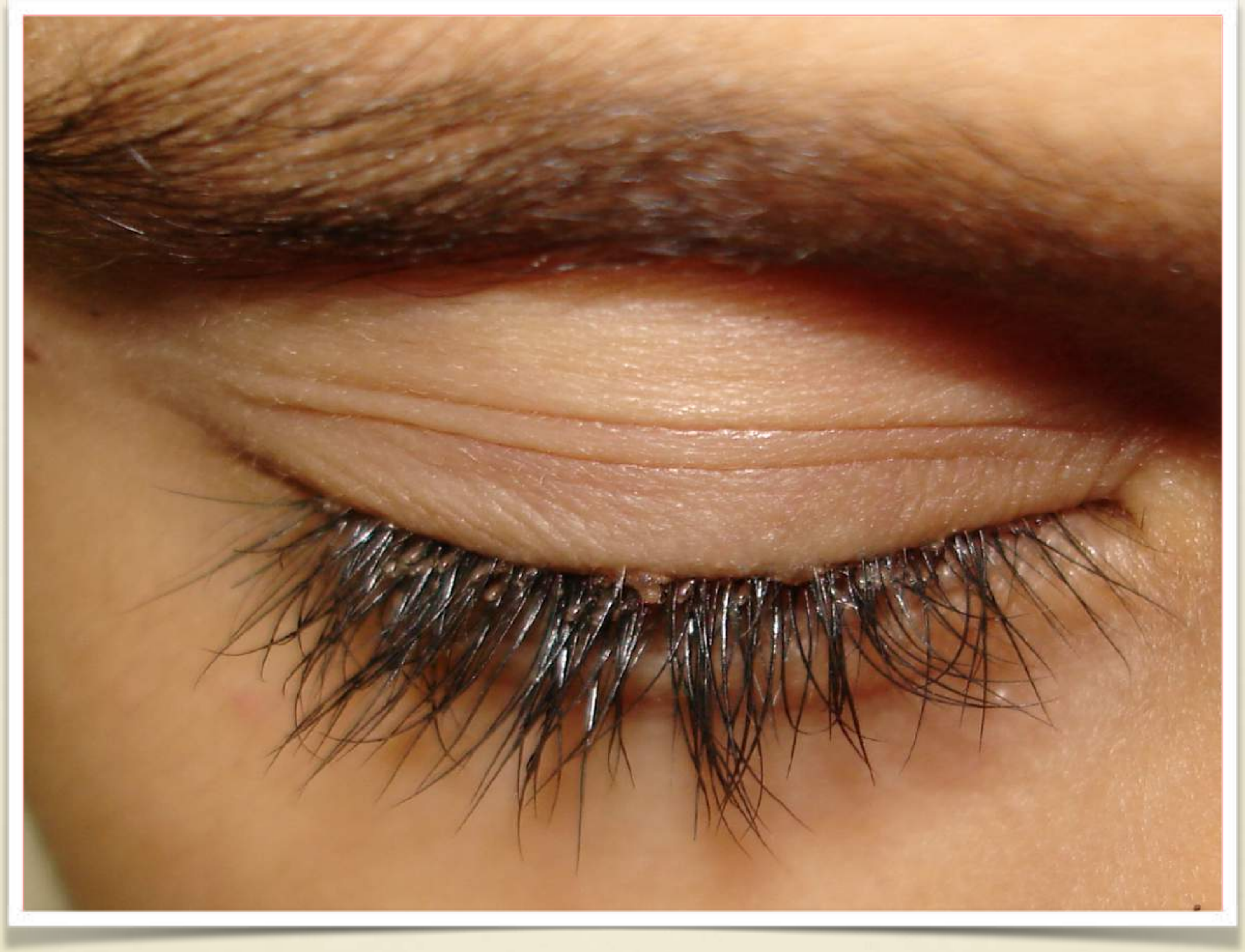
Xeroderma pigmentosa.



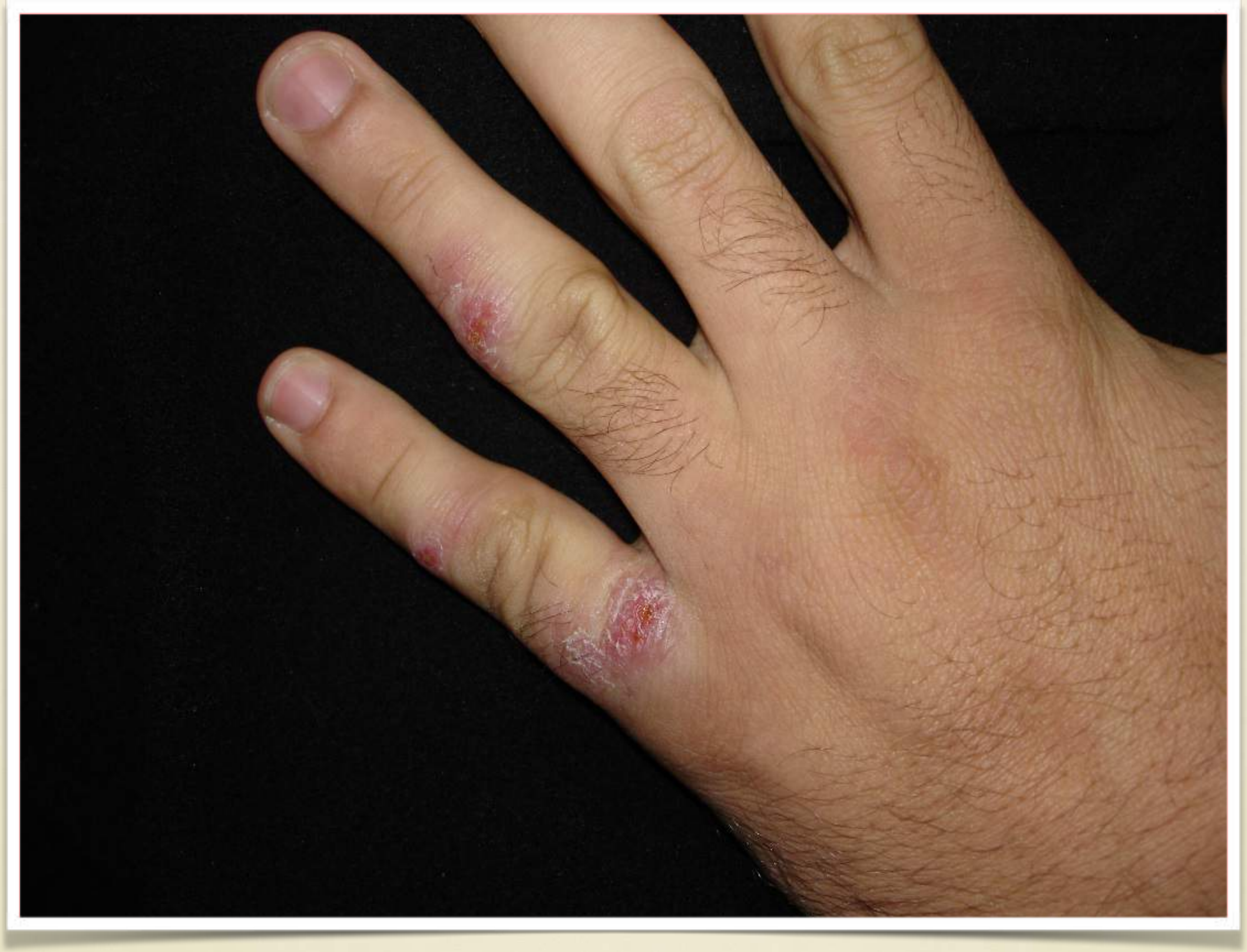
Pediculosis.



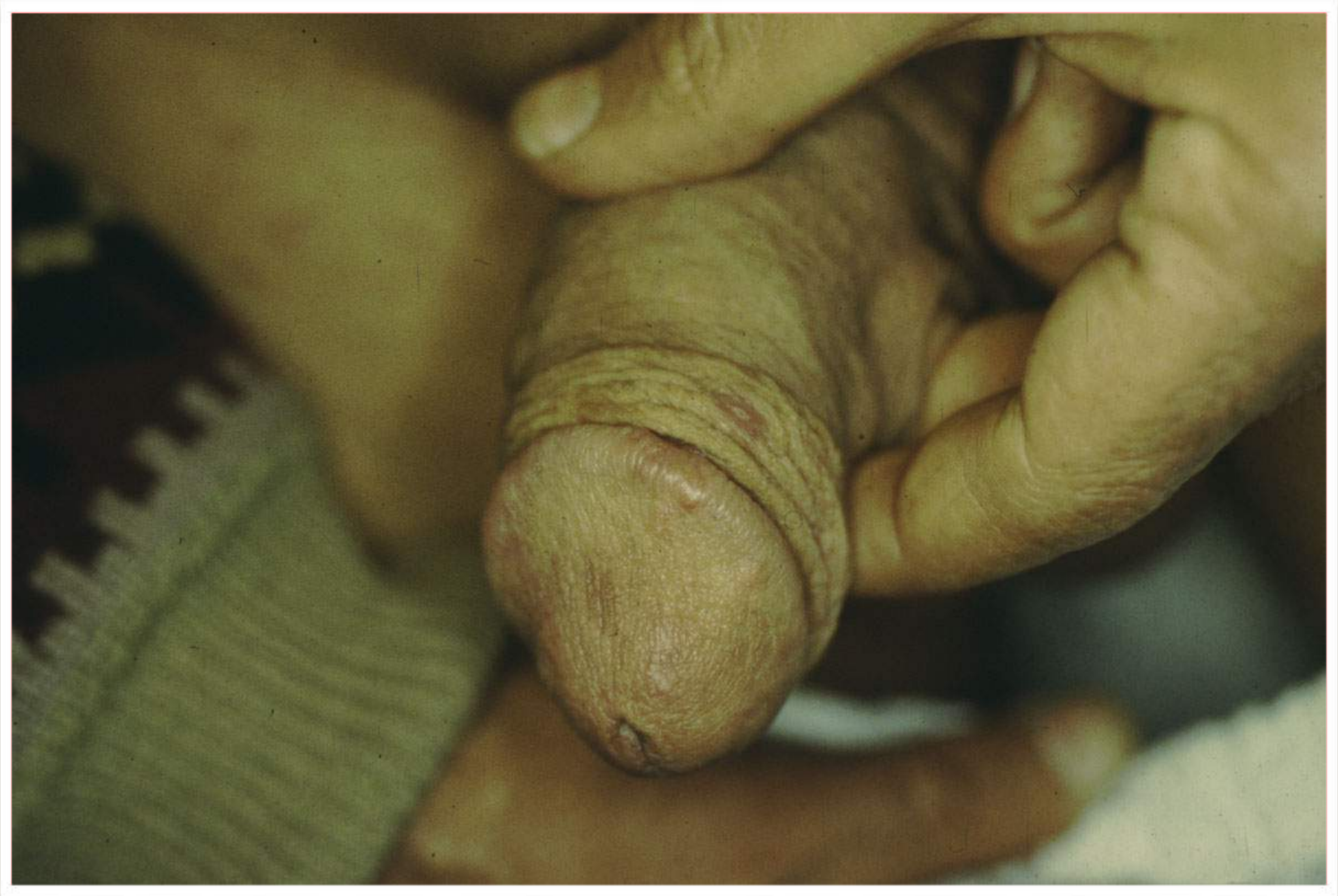
Pthirus pubis.



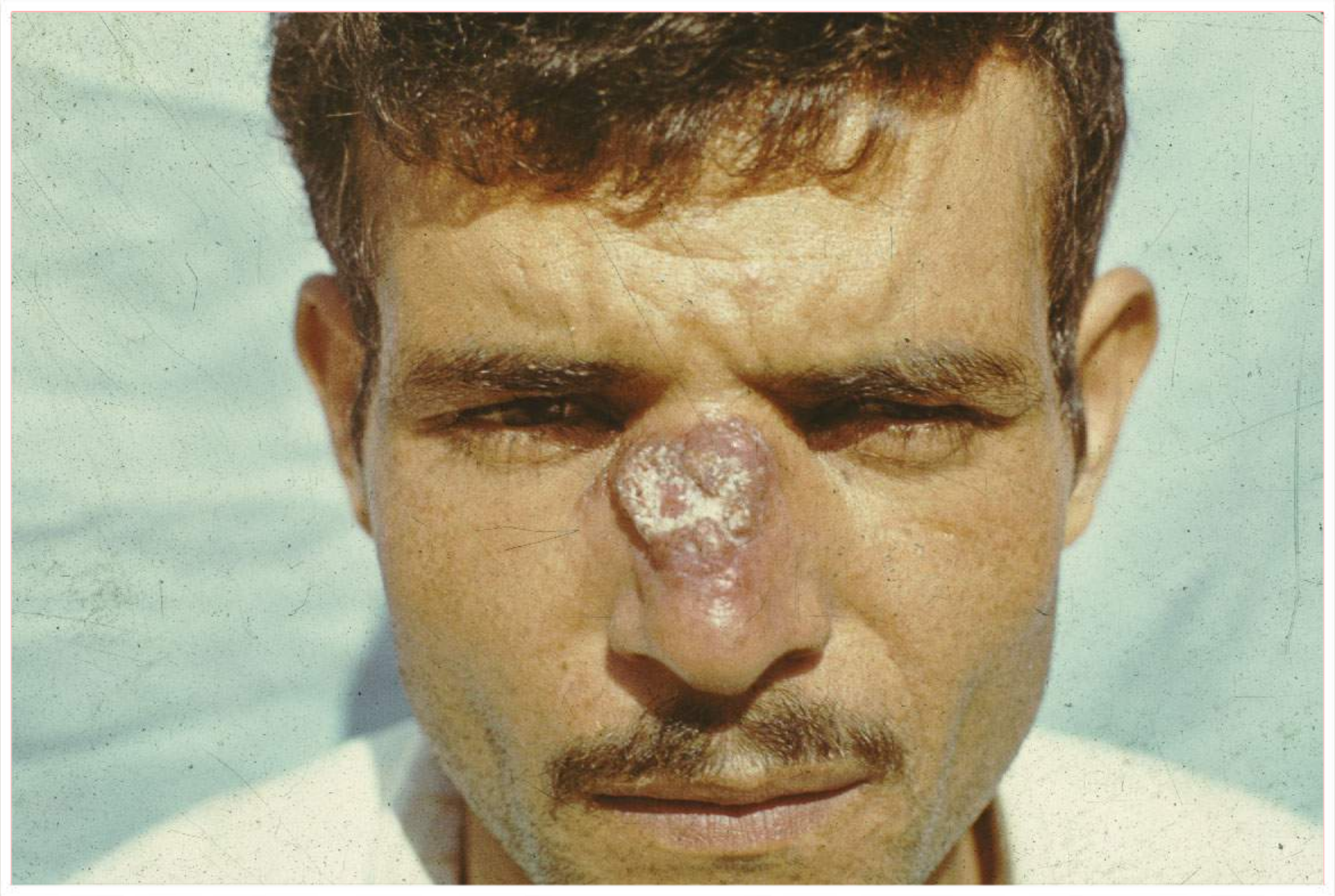
Eyelashes lice - Demodex.



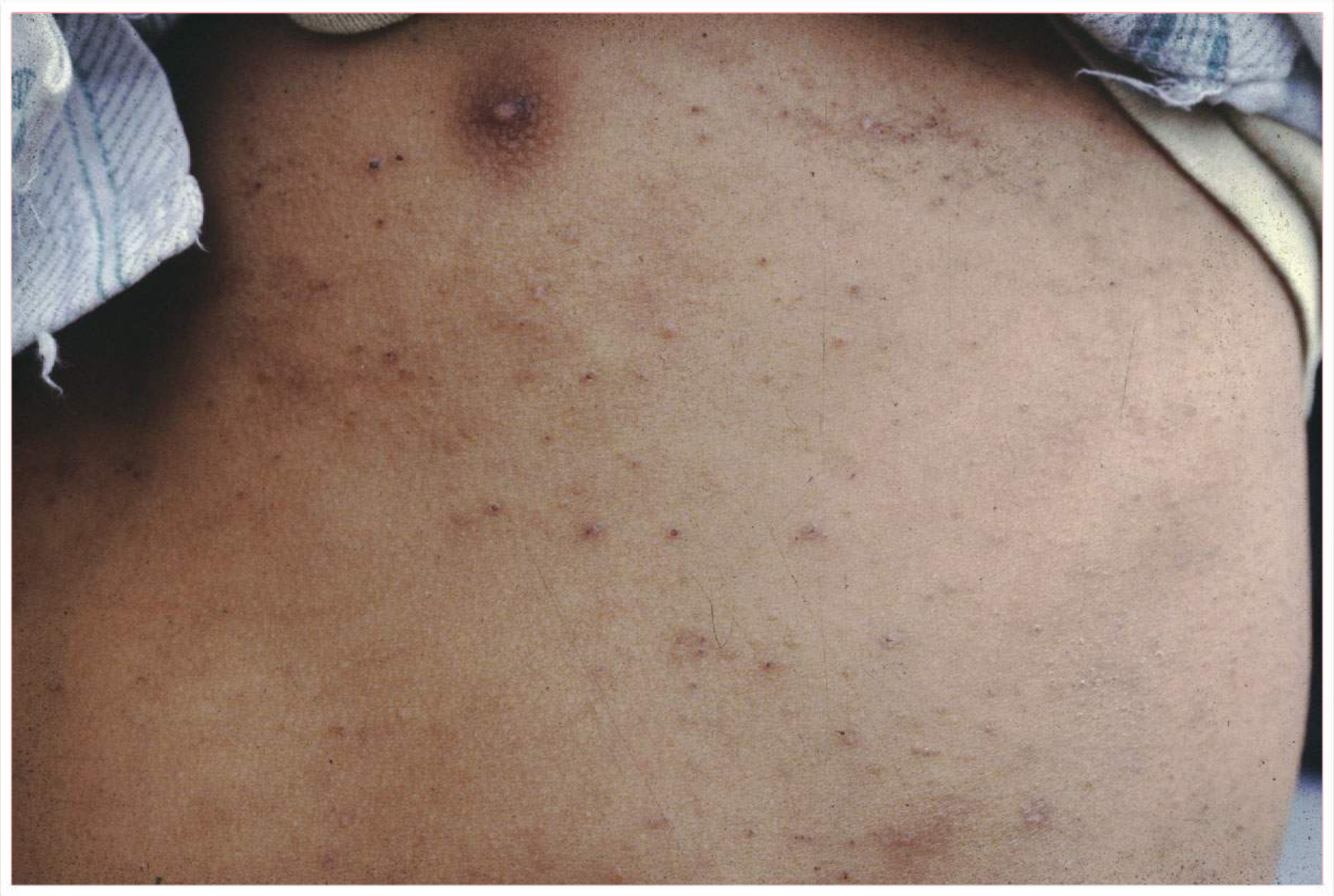
Scabies.



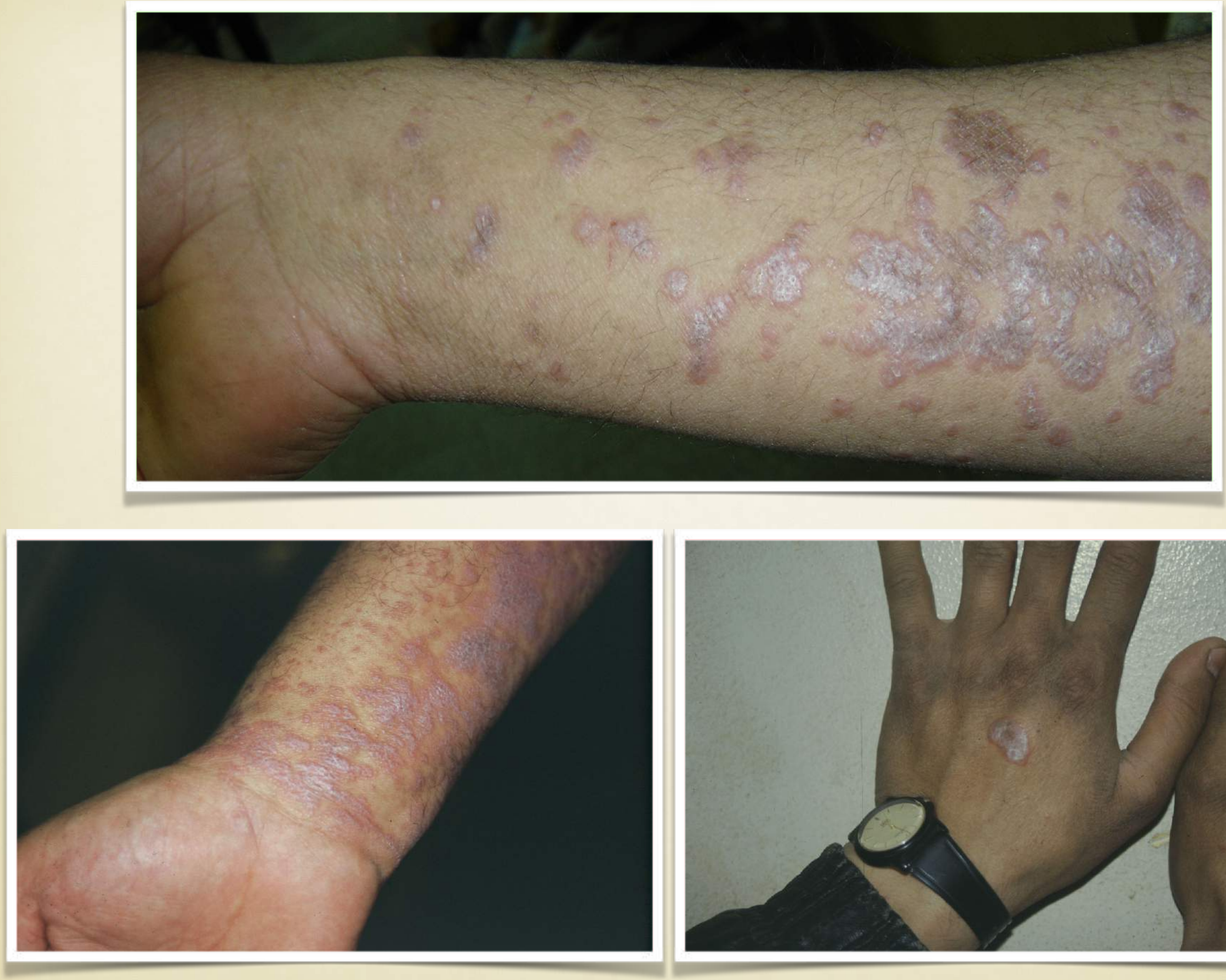
Scabies.

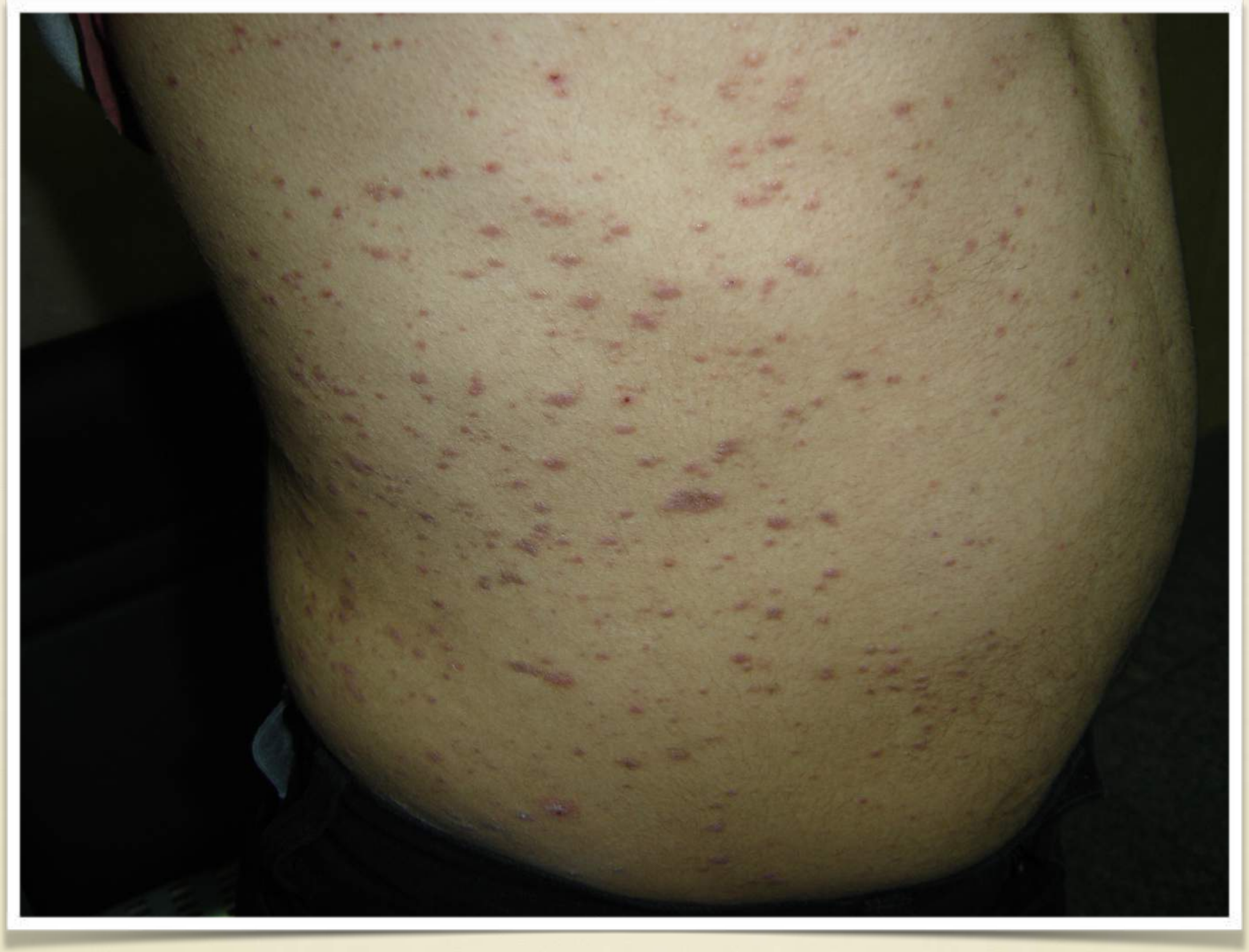


Leishmaniasis.



Body lice.

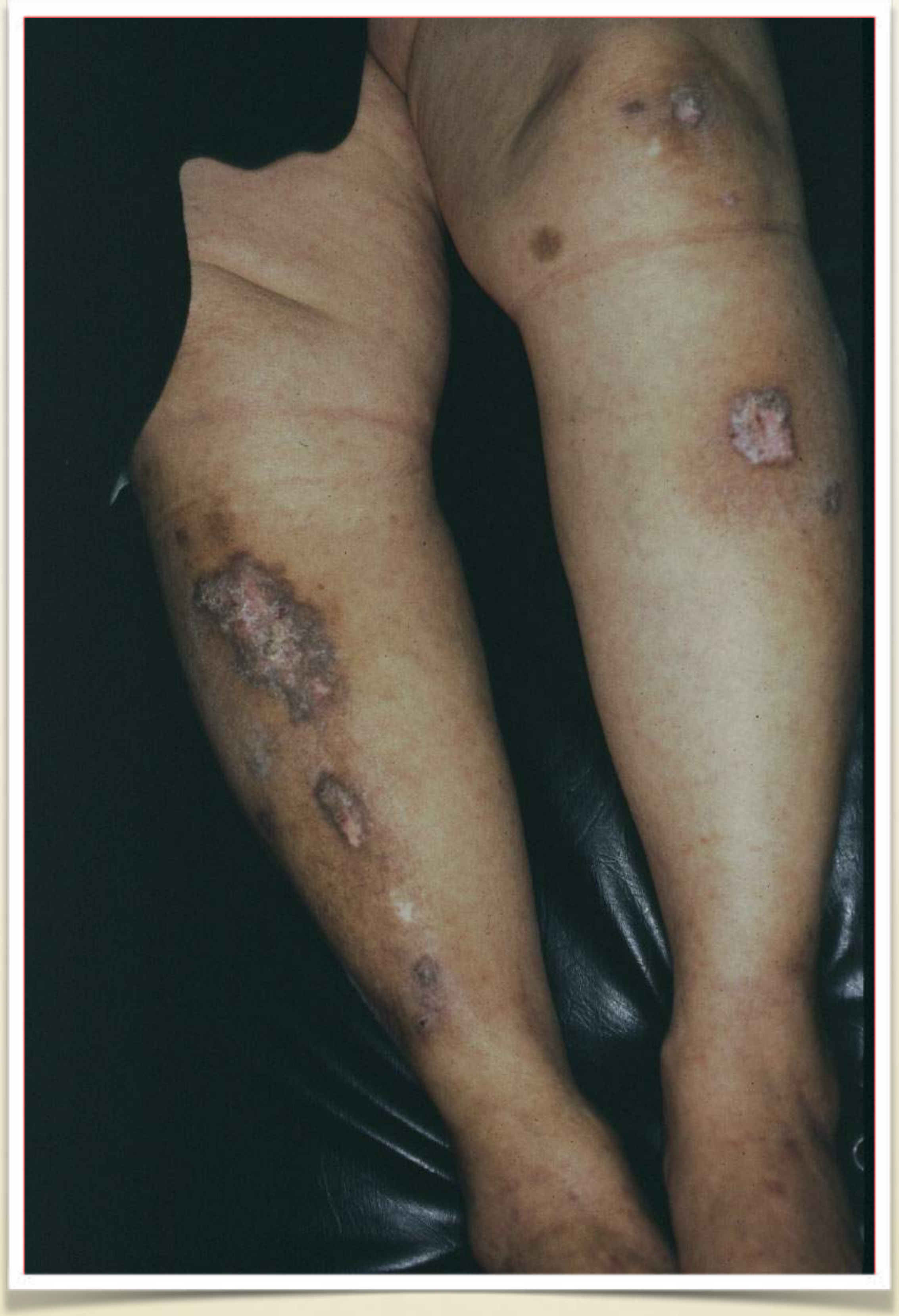




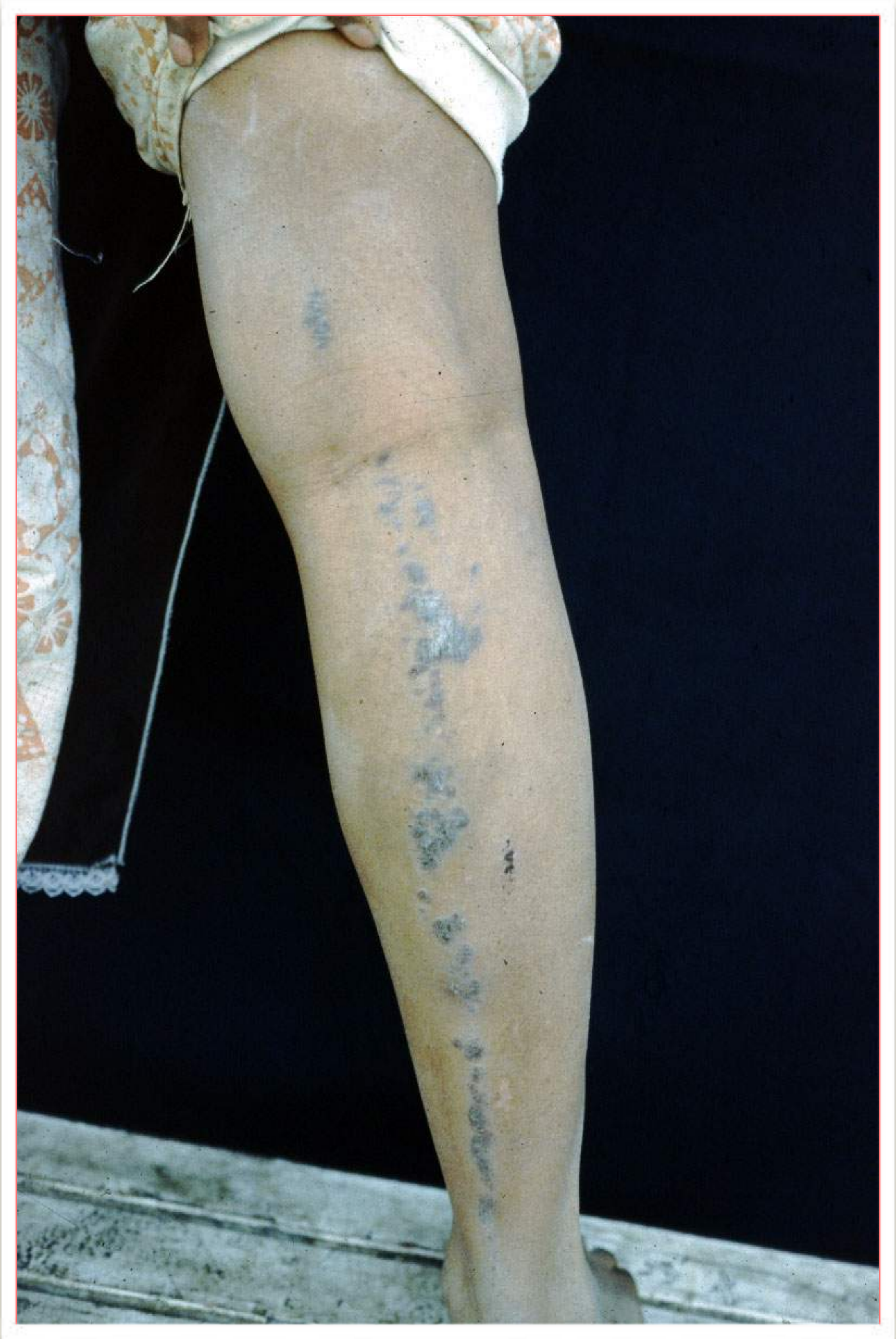
Lichen planus.

Fast summary for LP:

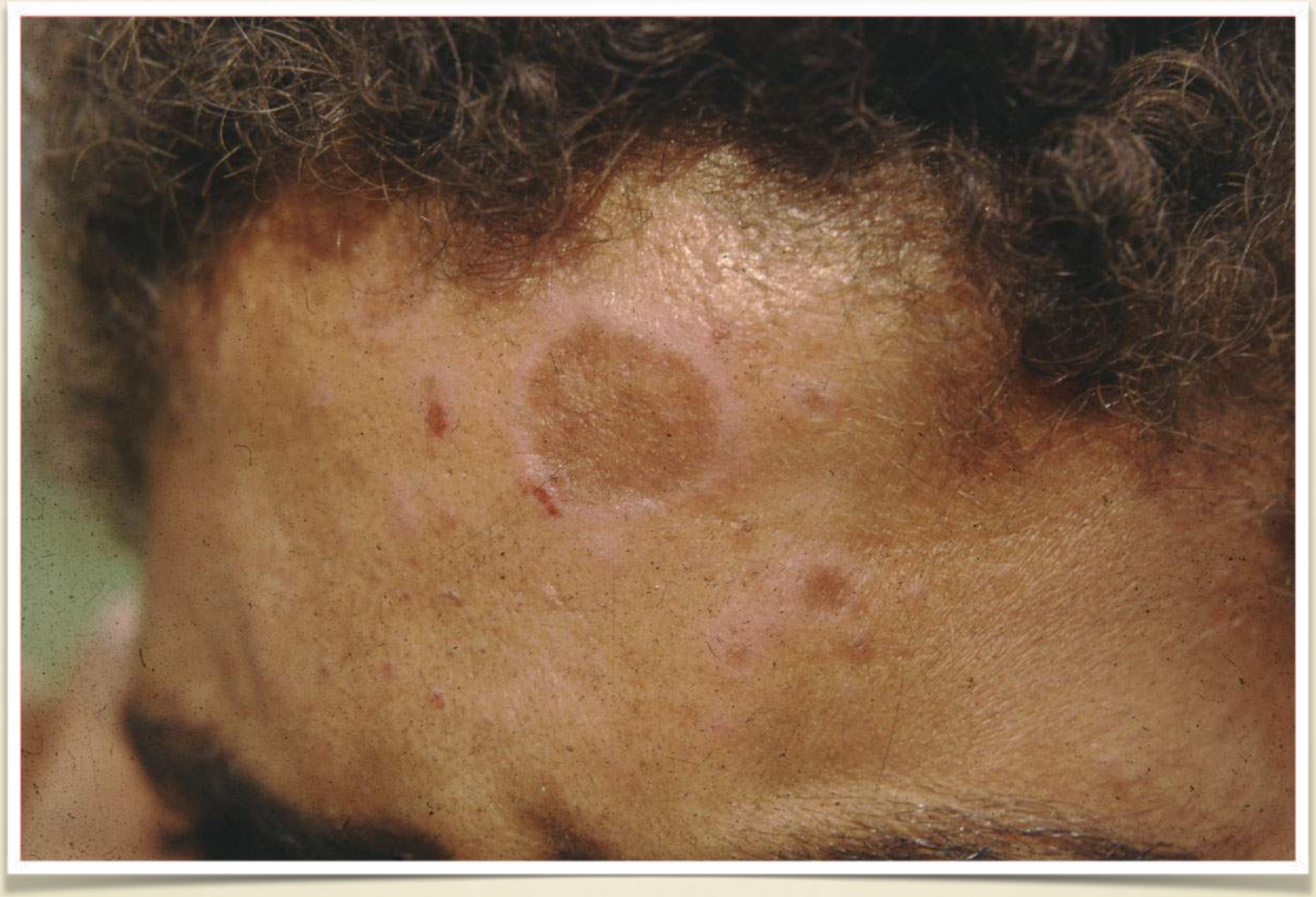
Pruritic, Purple, Polygonal Planar Papules and Plaques are the 6 P's of lichen Planus. Mucosal involvement manifests as Wickham striae (reticular white lines) and hypergranulosis. Sawtooth infiltrate of lymphocytes at dermal-epidermal junction. Associated with hepatitis C.



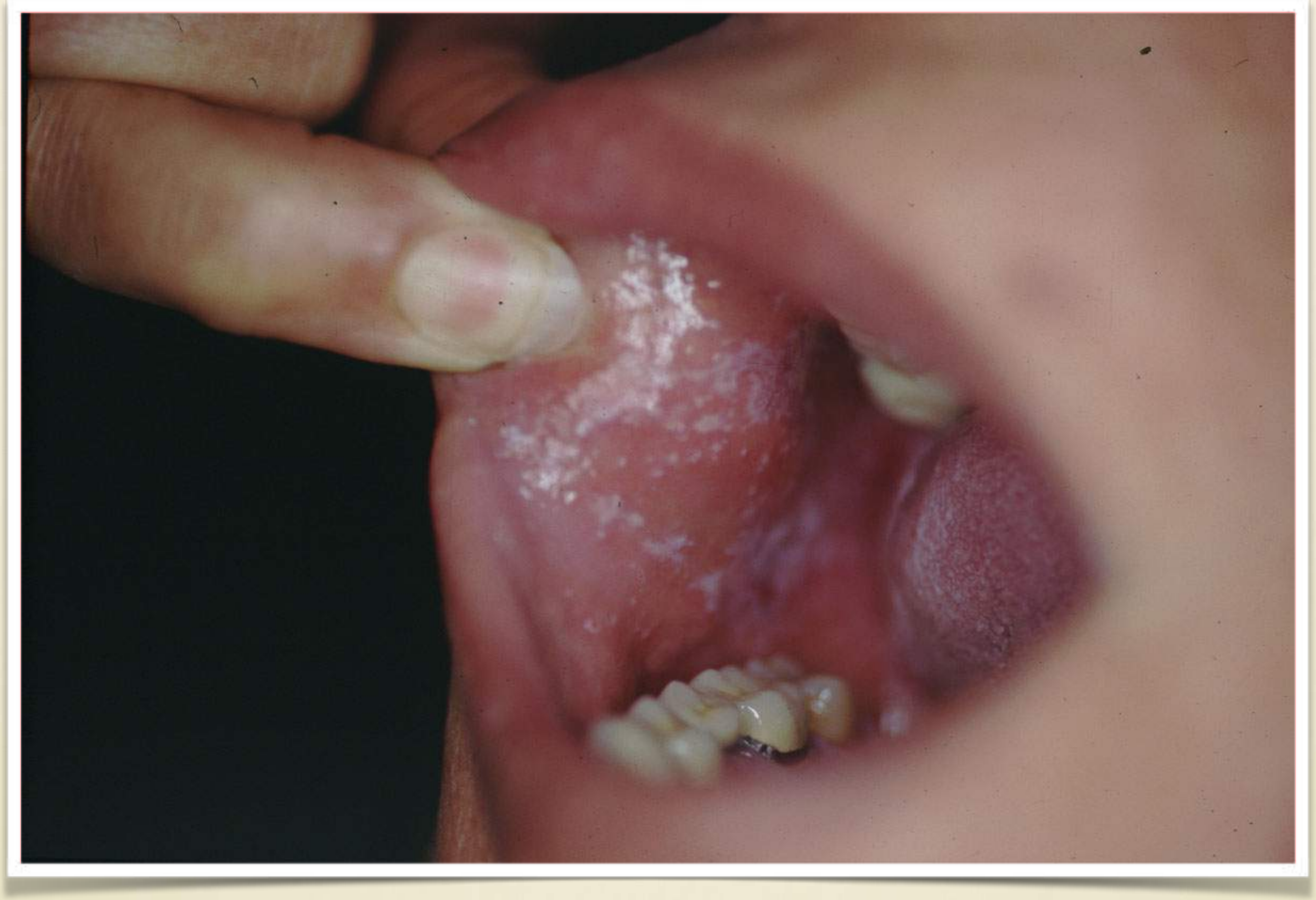
Hypertrophic lichen planus.



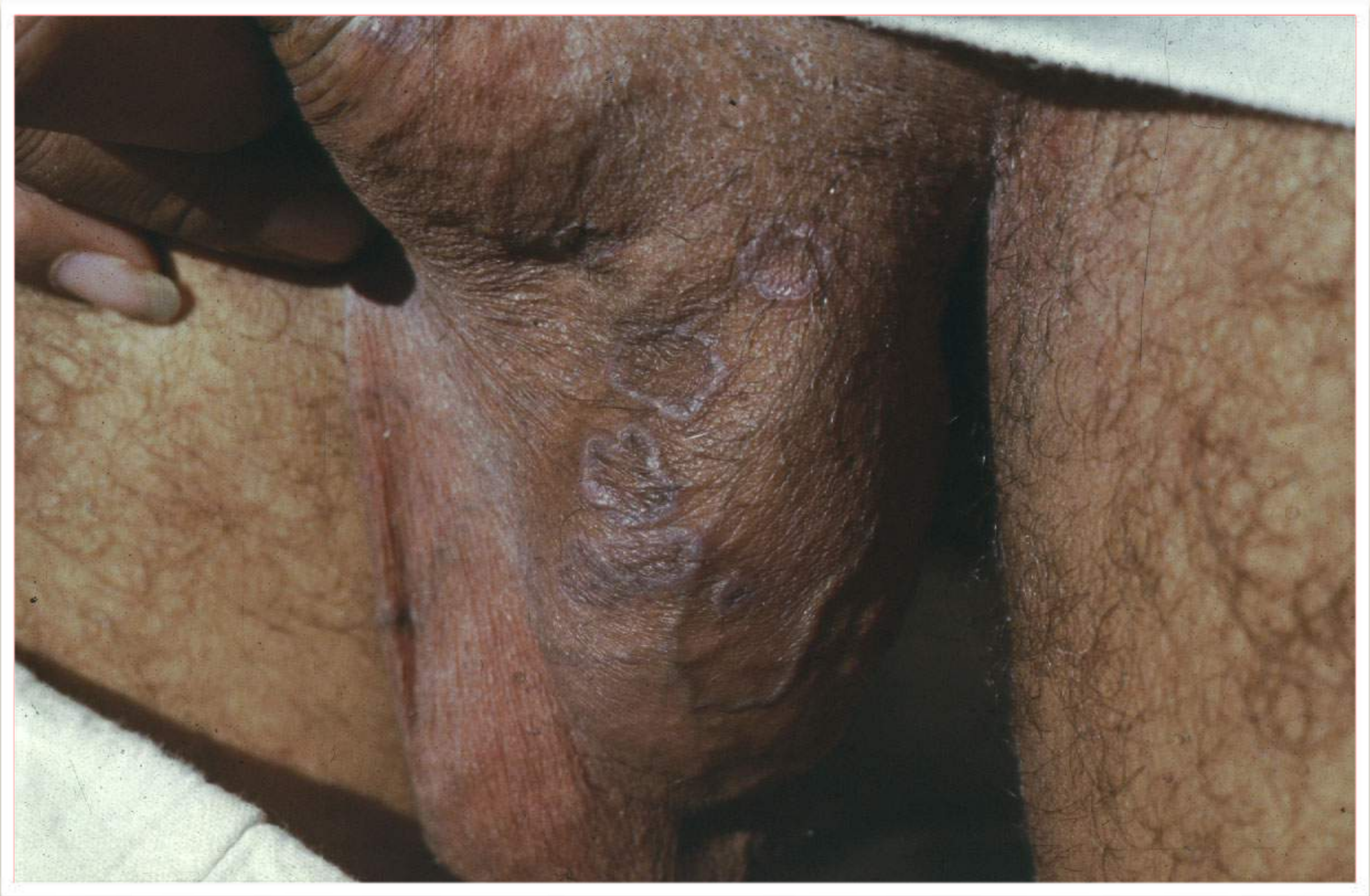
Linear Lichen planus.



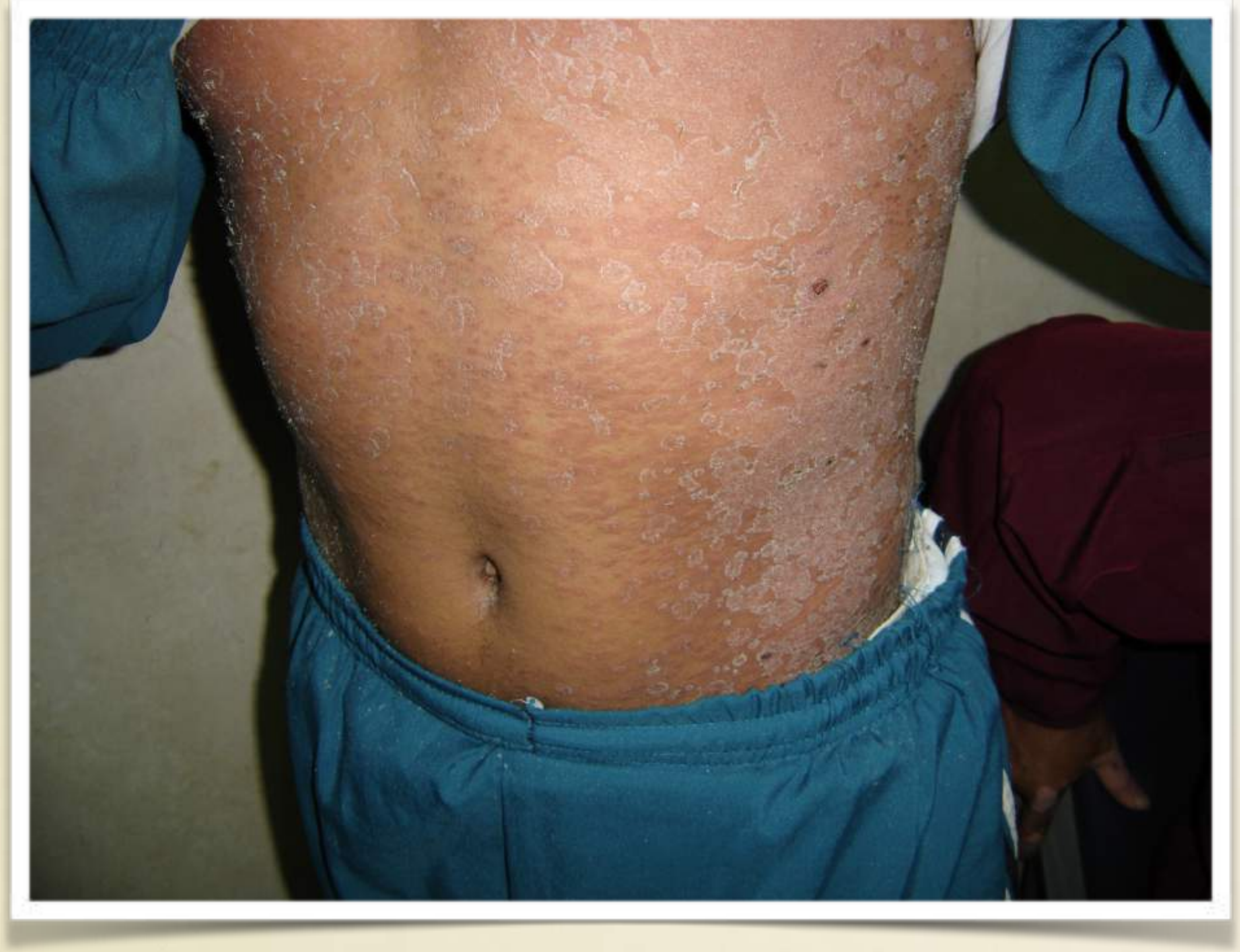
Actinic Lichen planus.

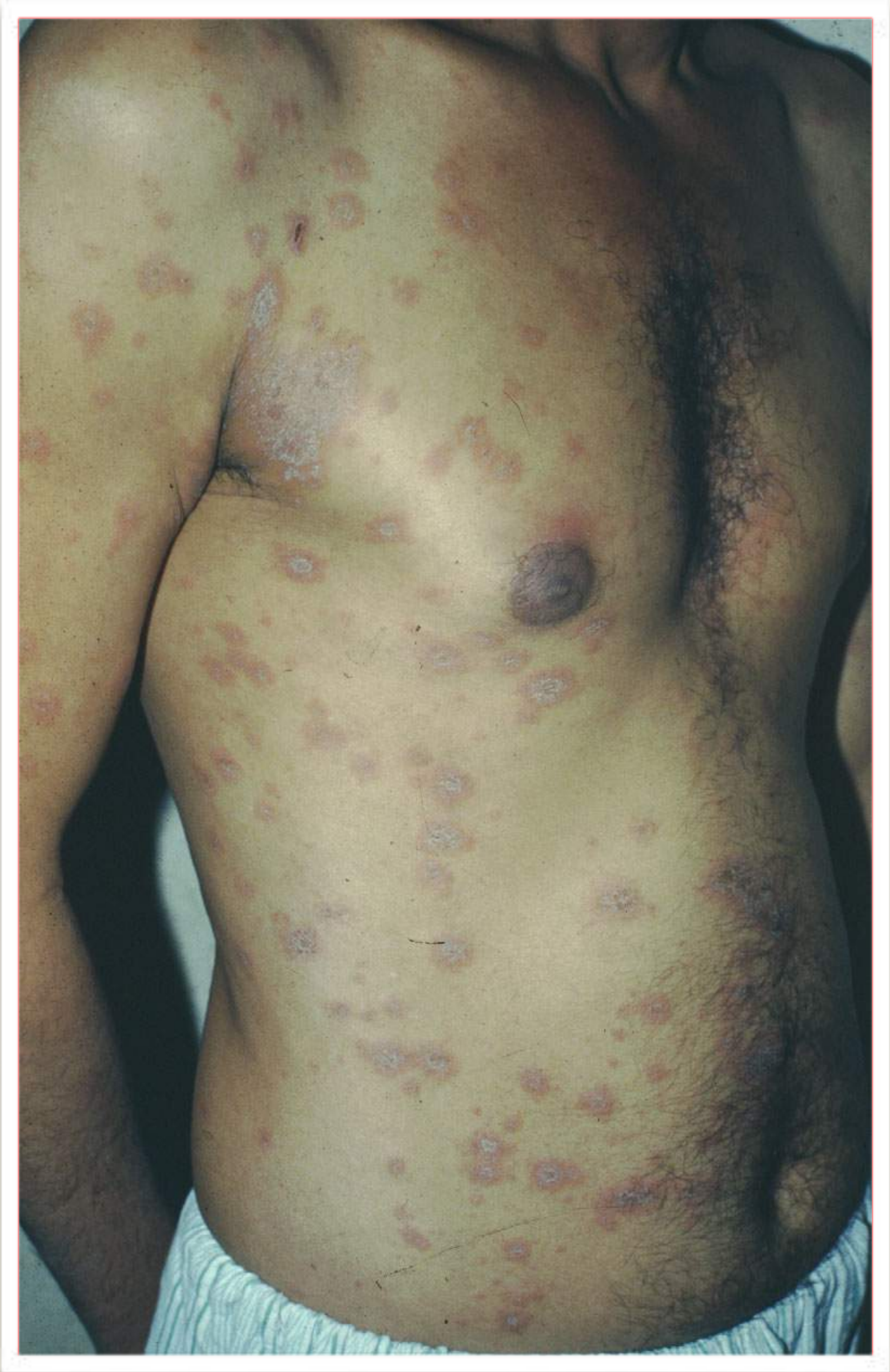


Oral Lichen planus.

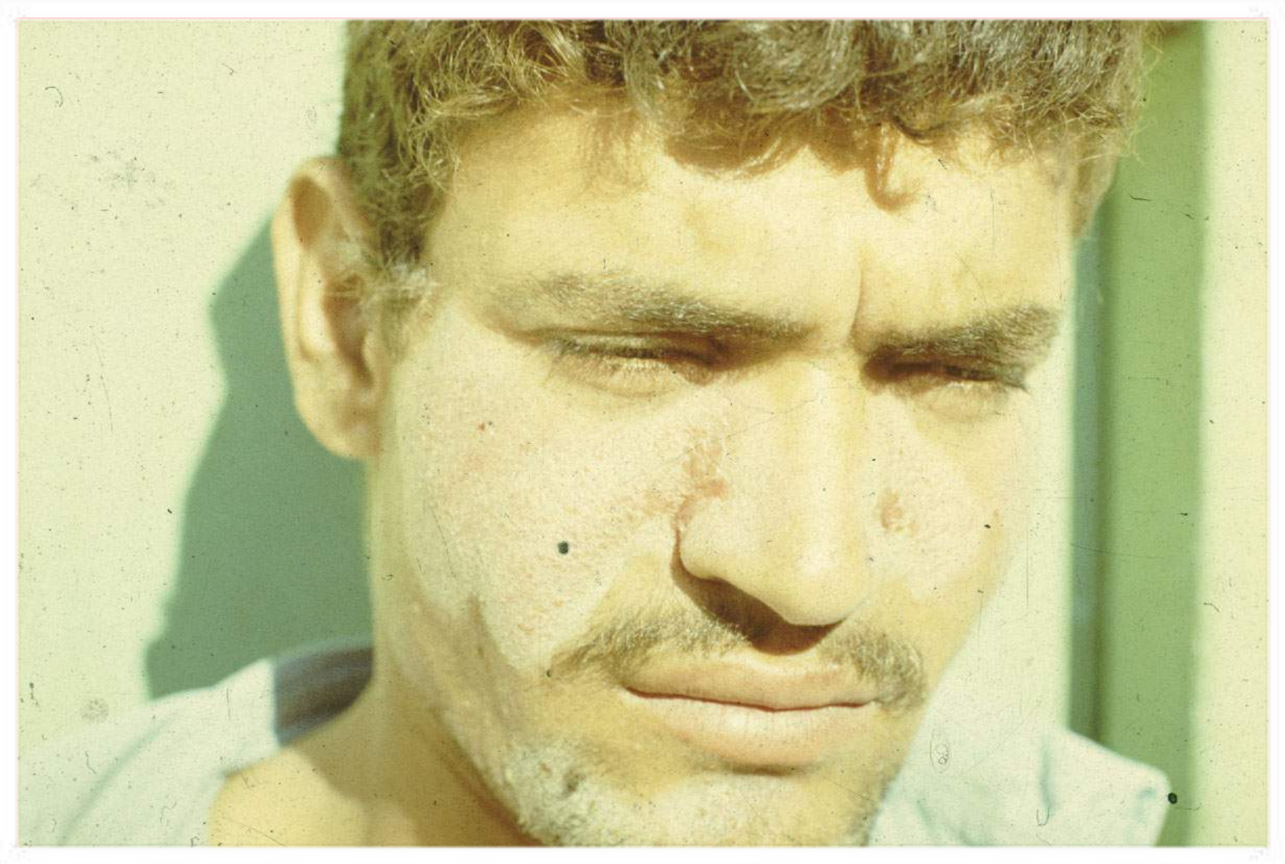


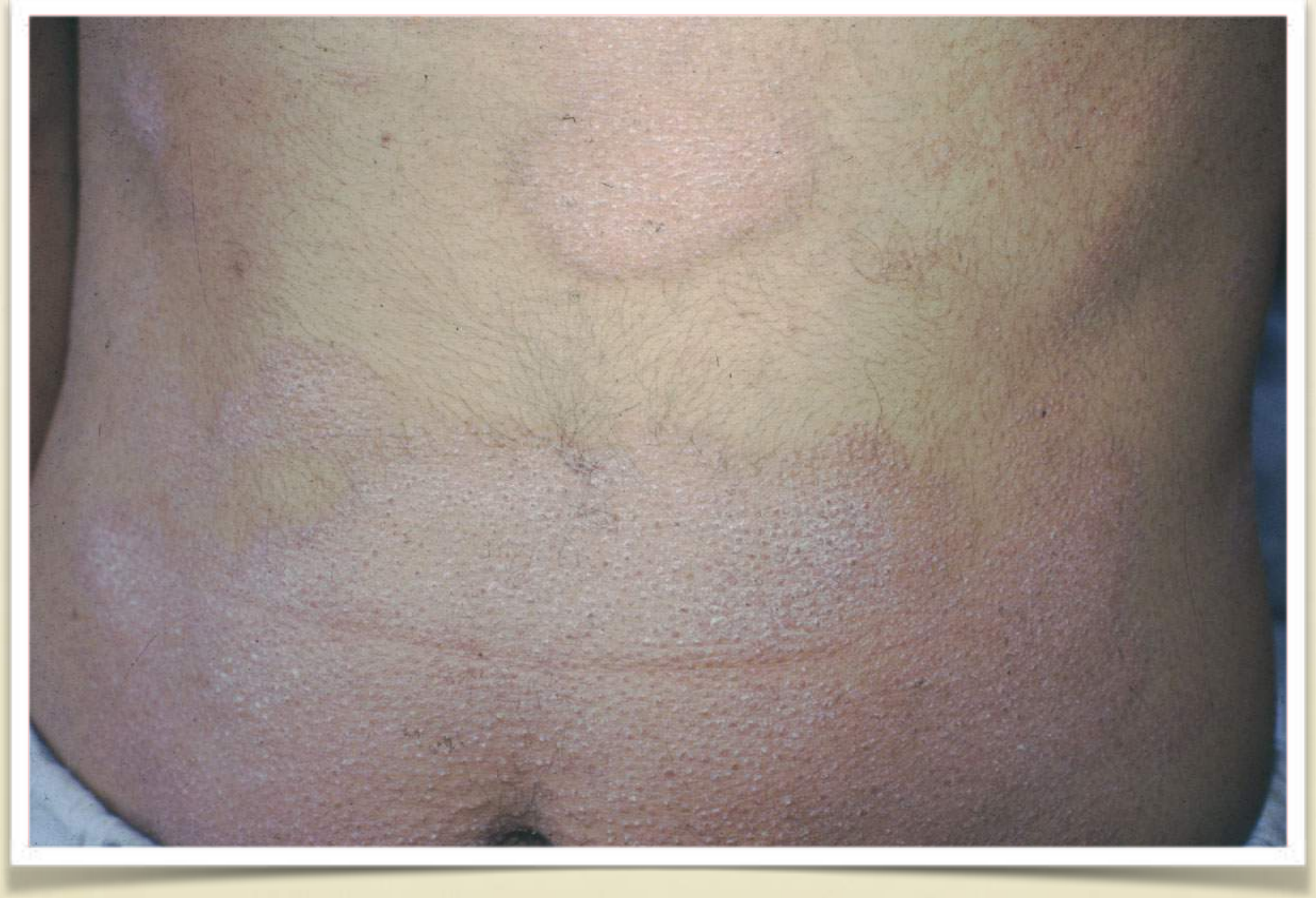
Annular Lichen planus.



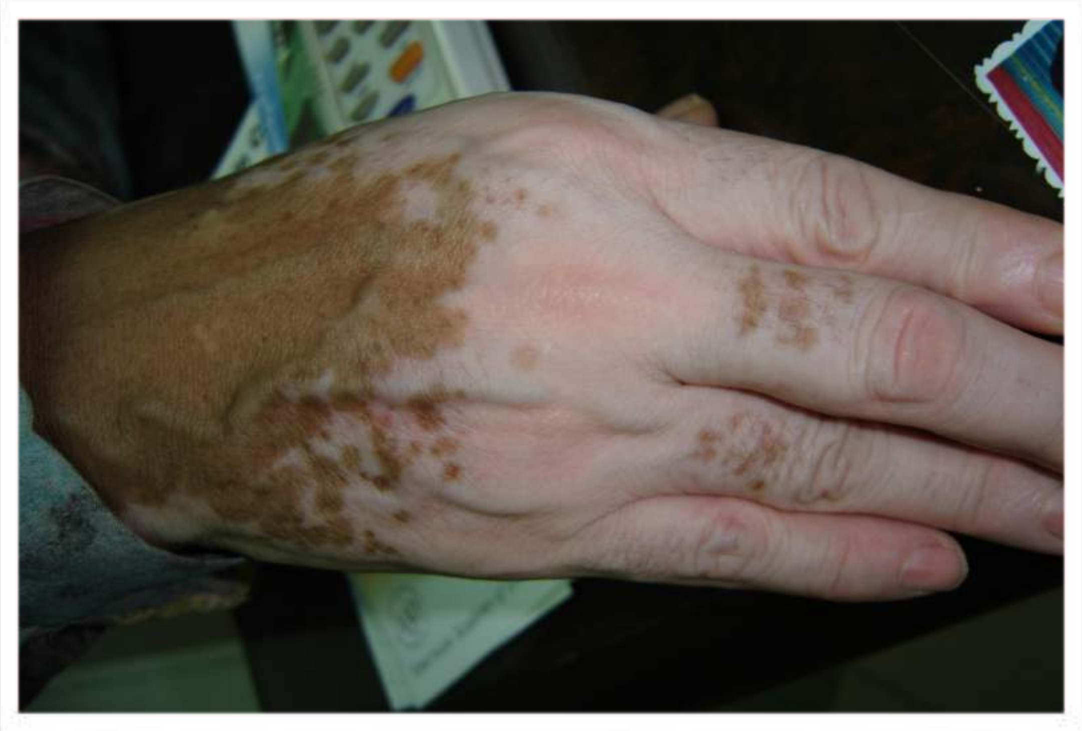


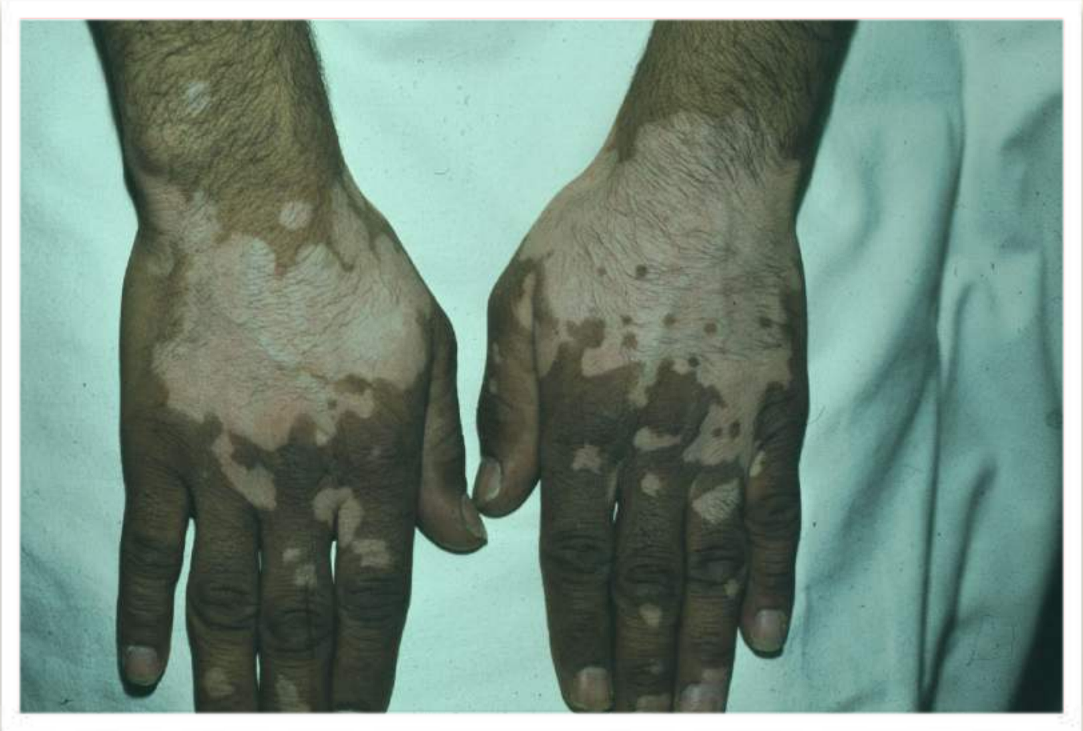
Pityriasis rosea.

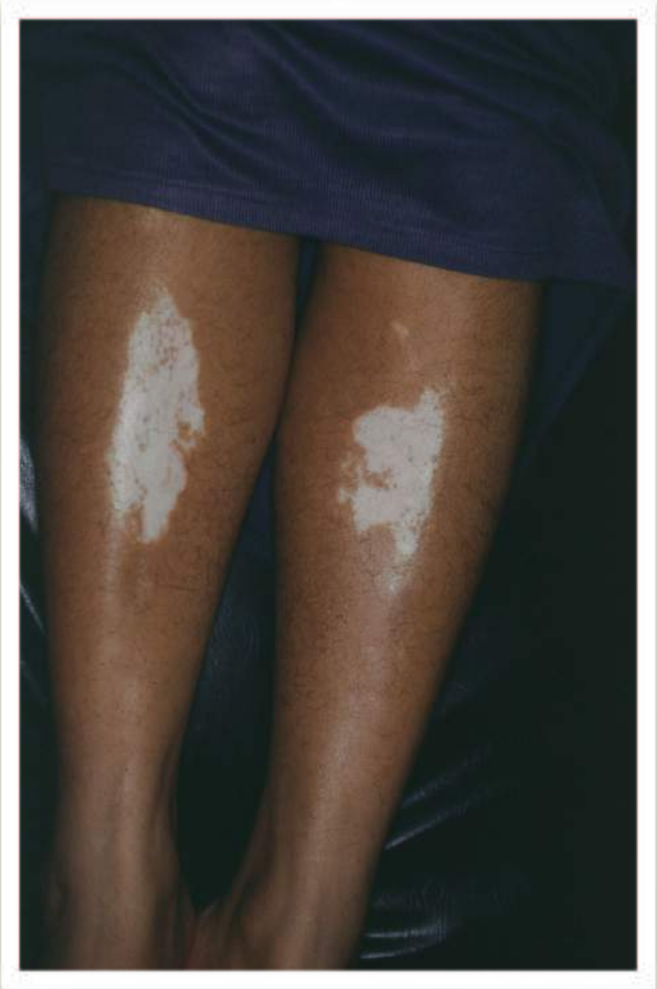


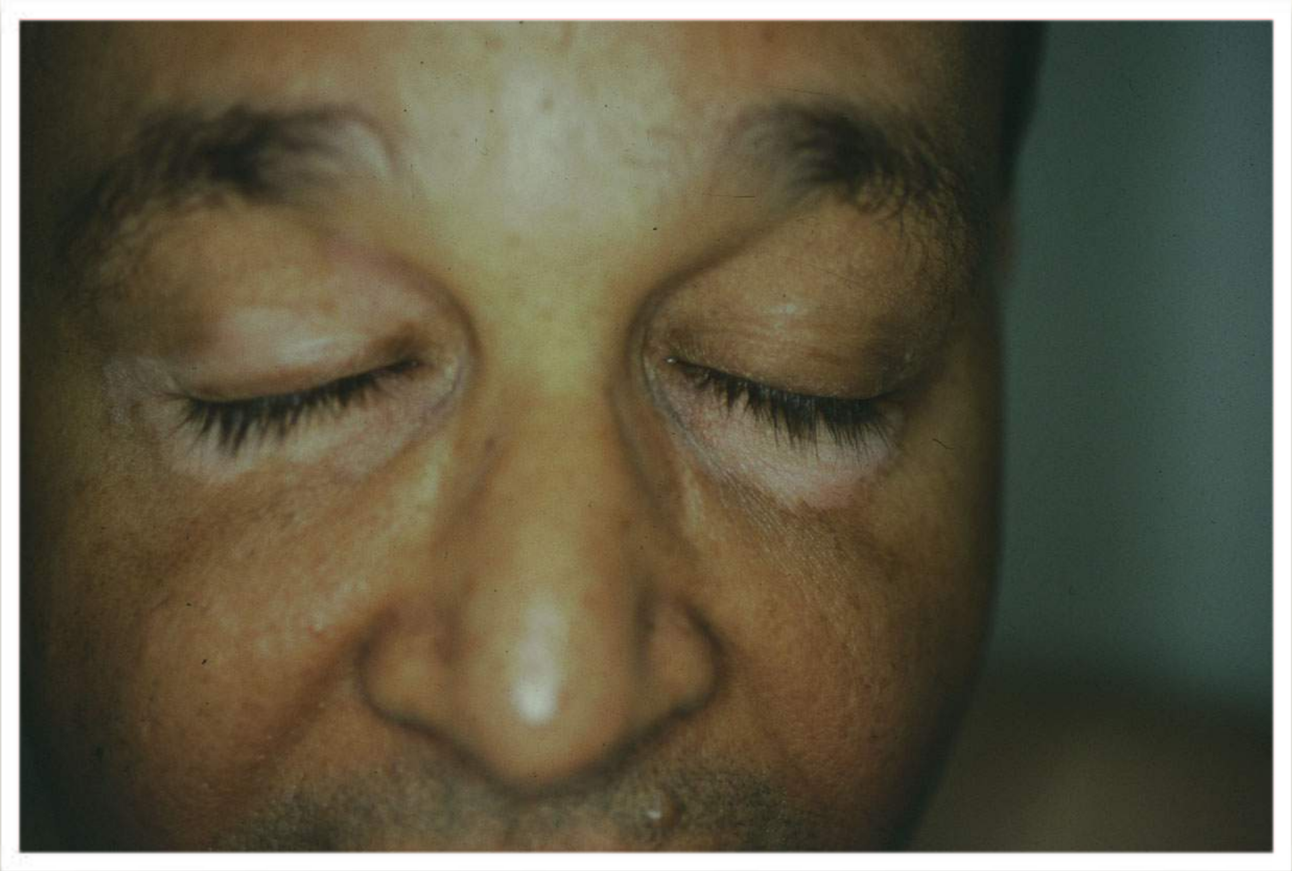


Pityriasis rubra pilaris.

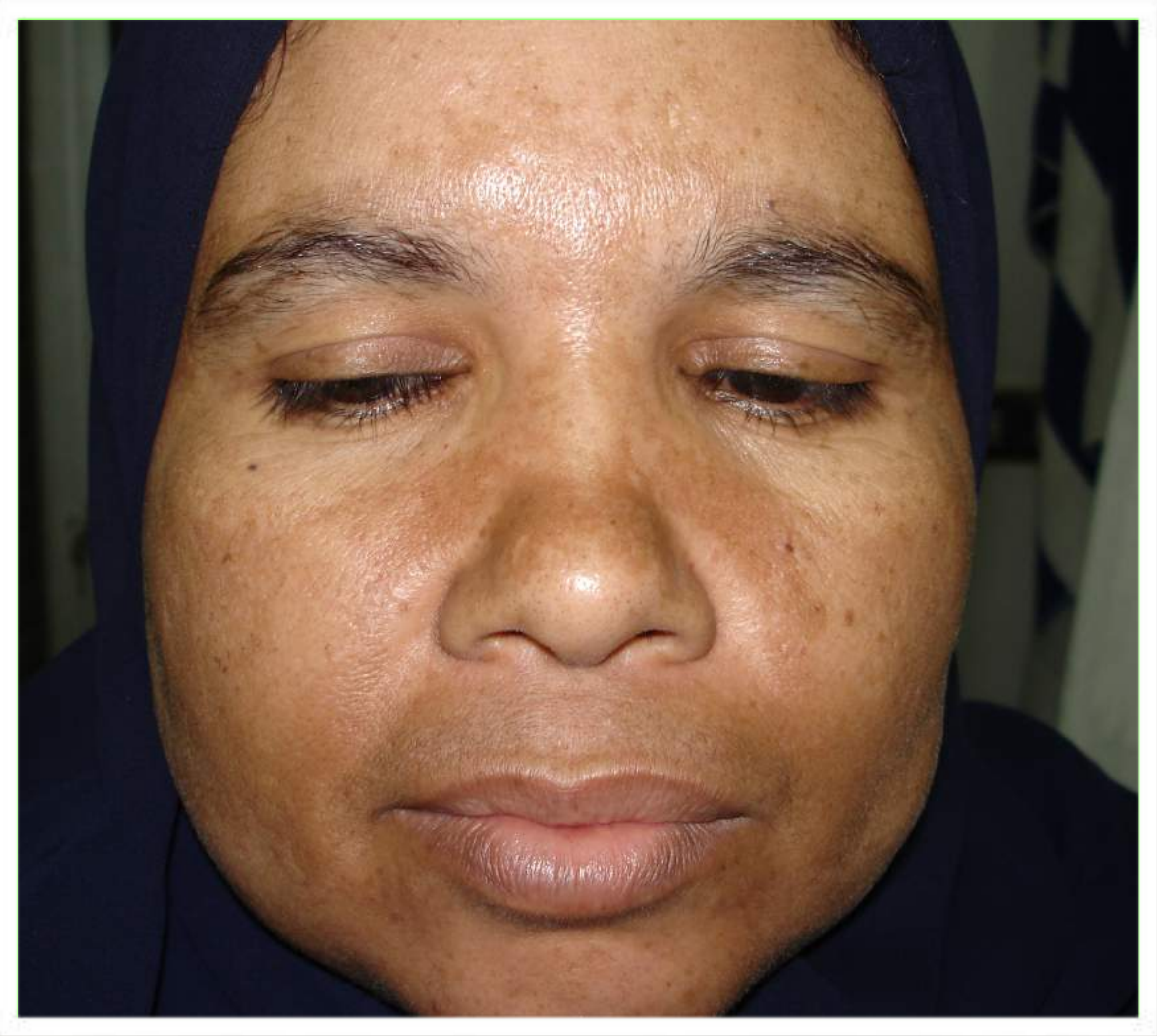


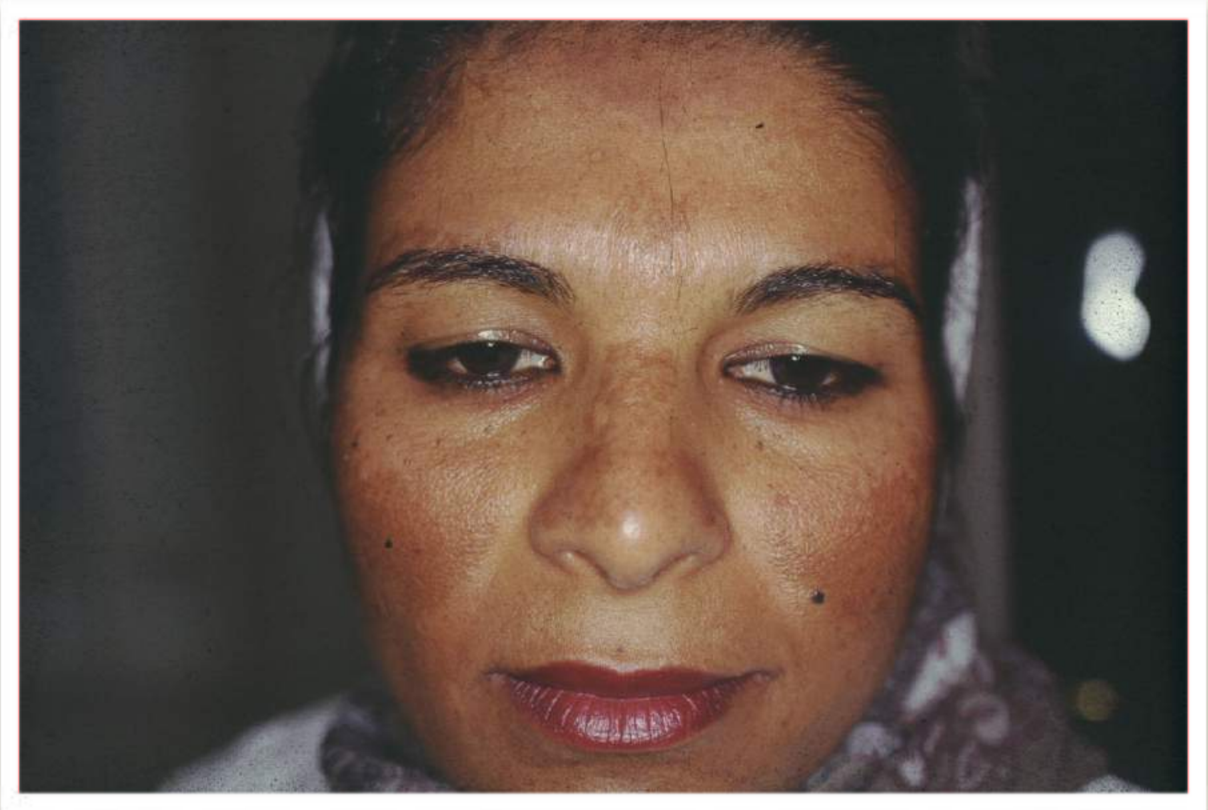




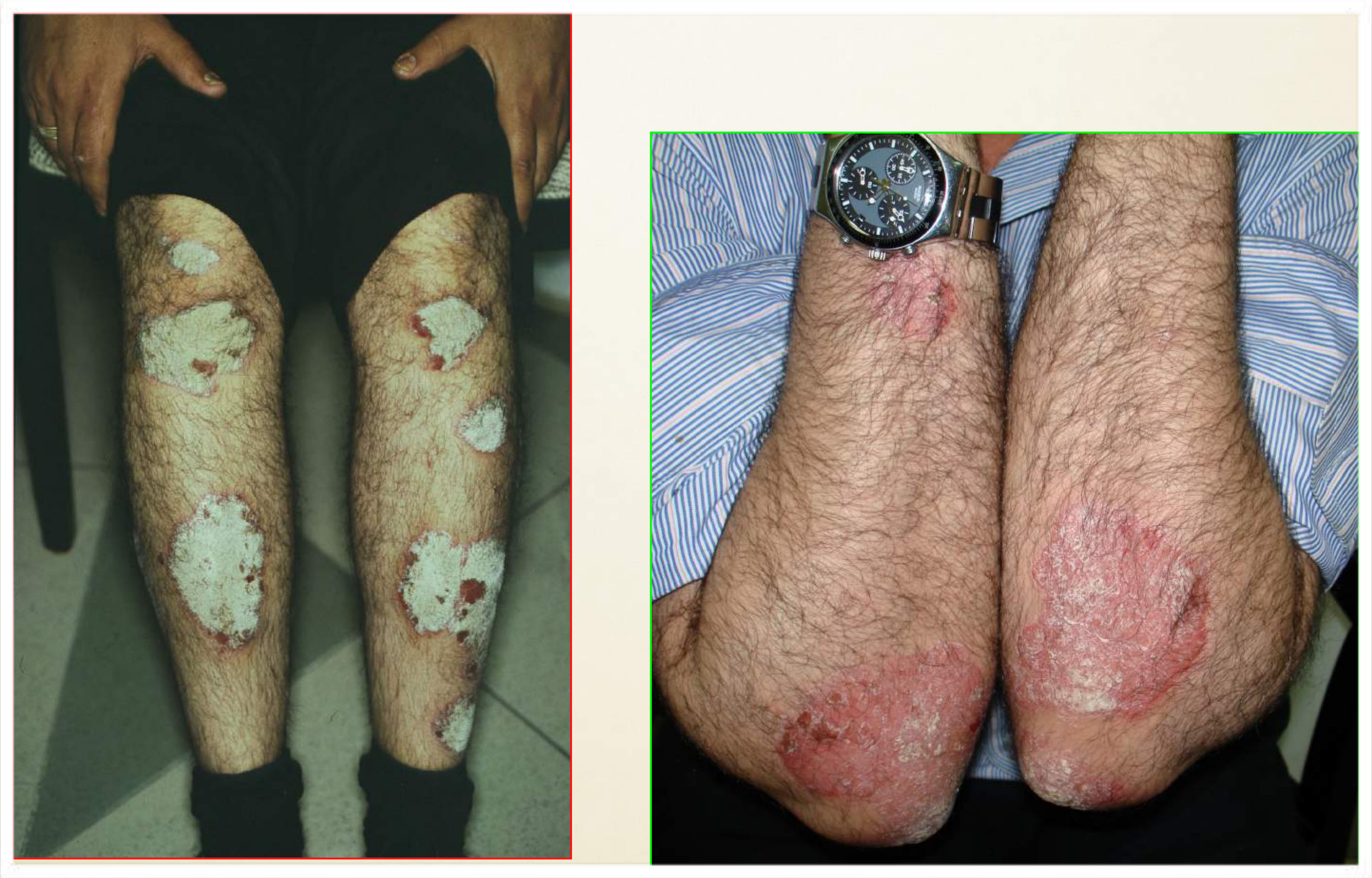


Vitiligo.

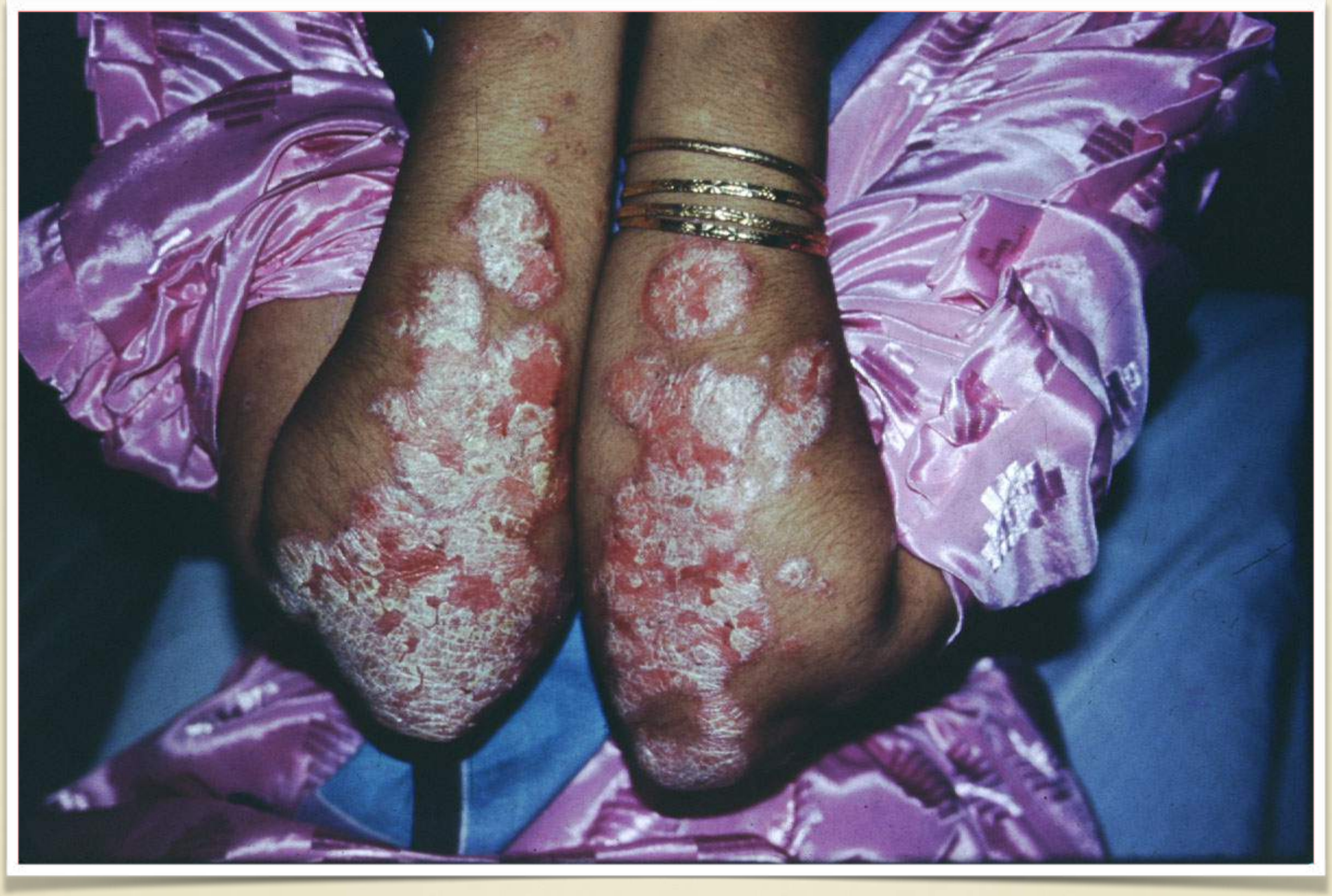




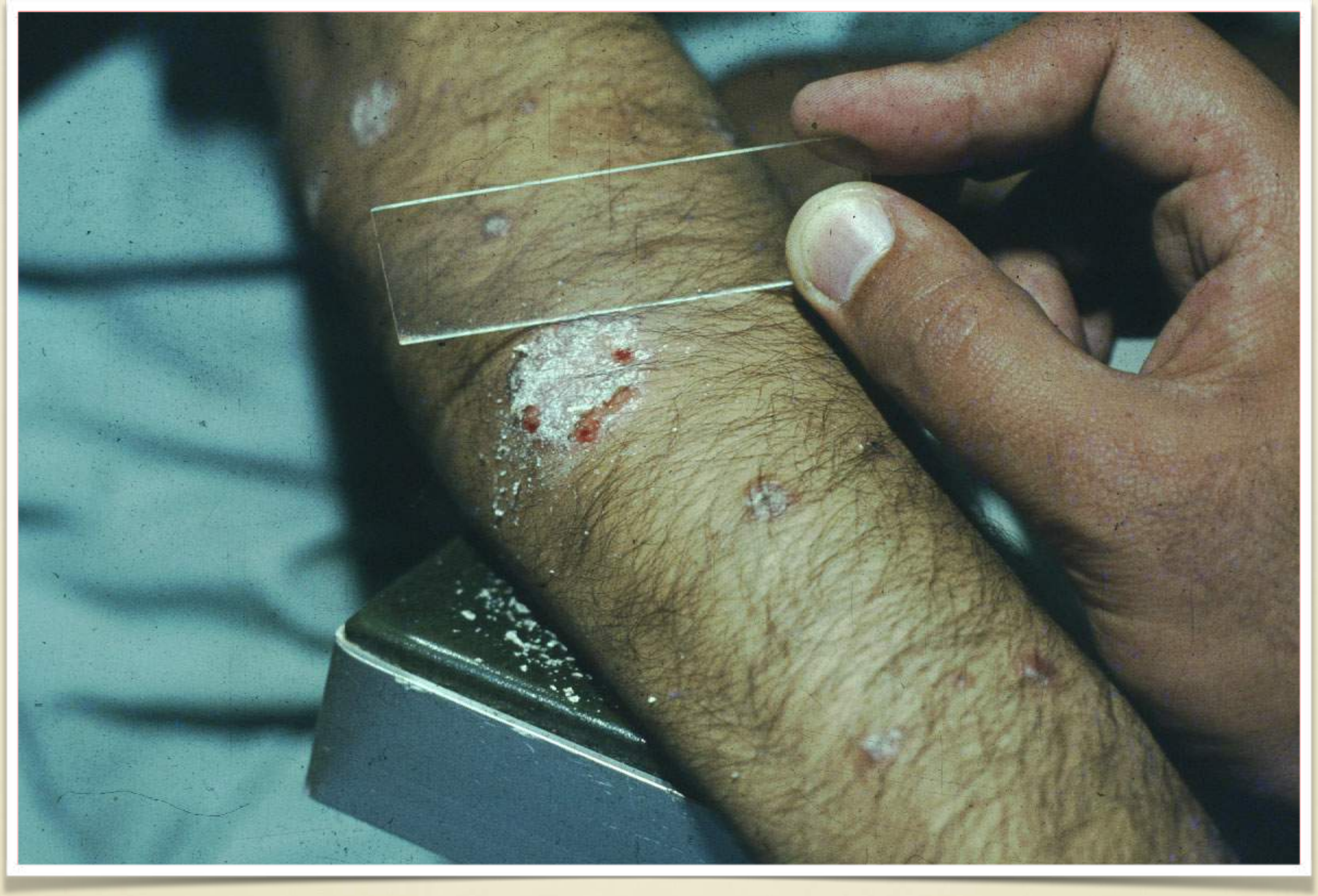
Melasma.



Plaque psoriasis.

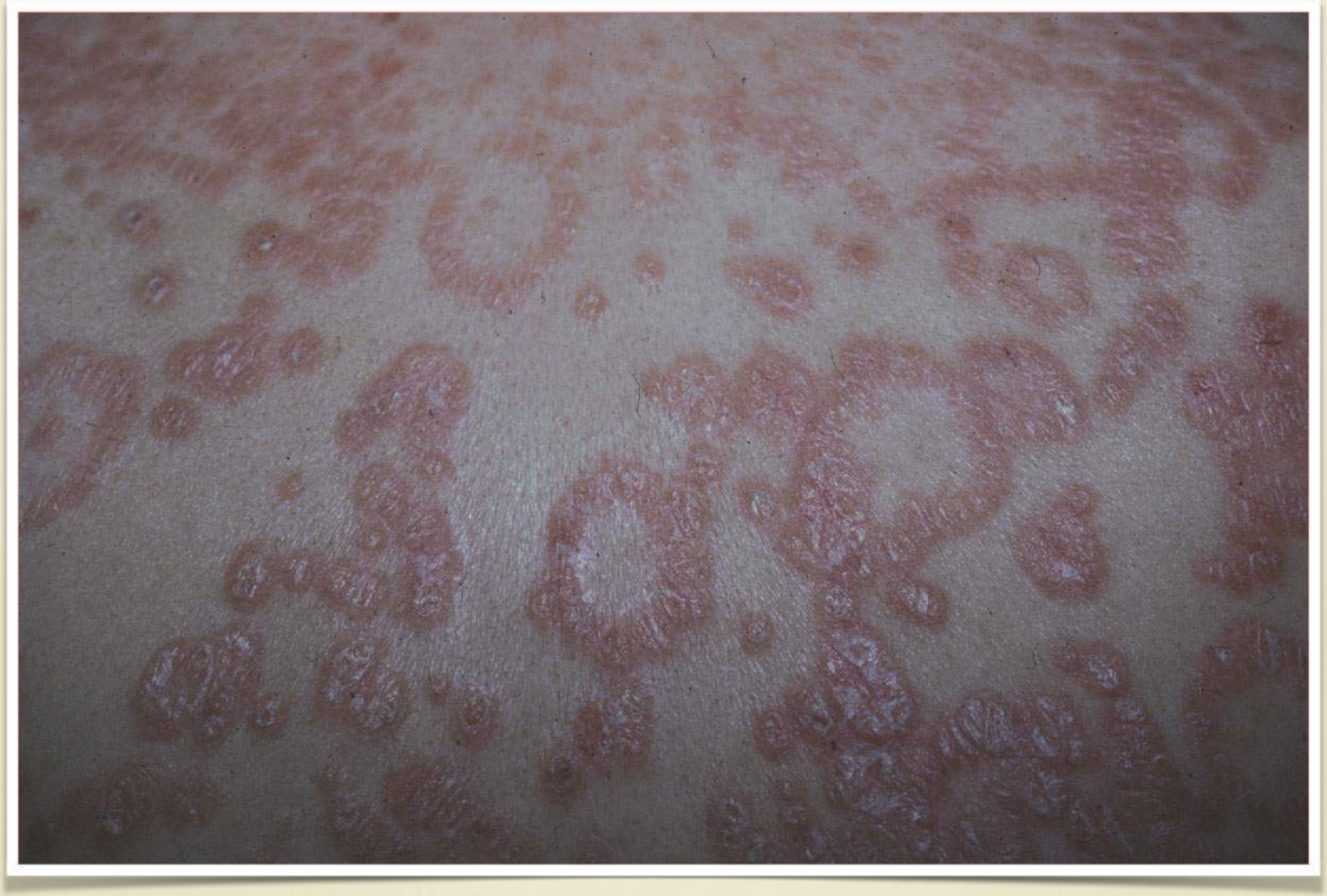


Discoid psoriasis.

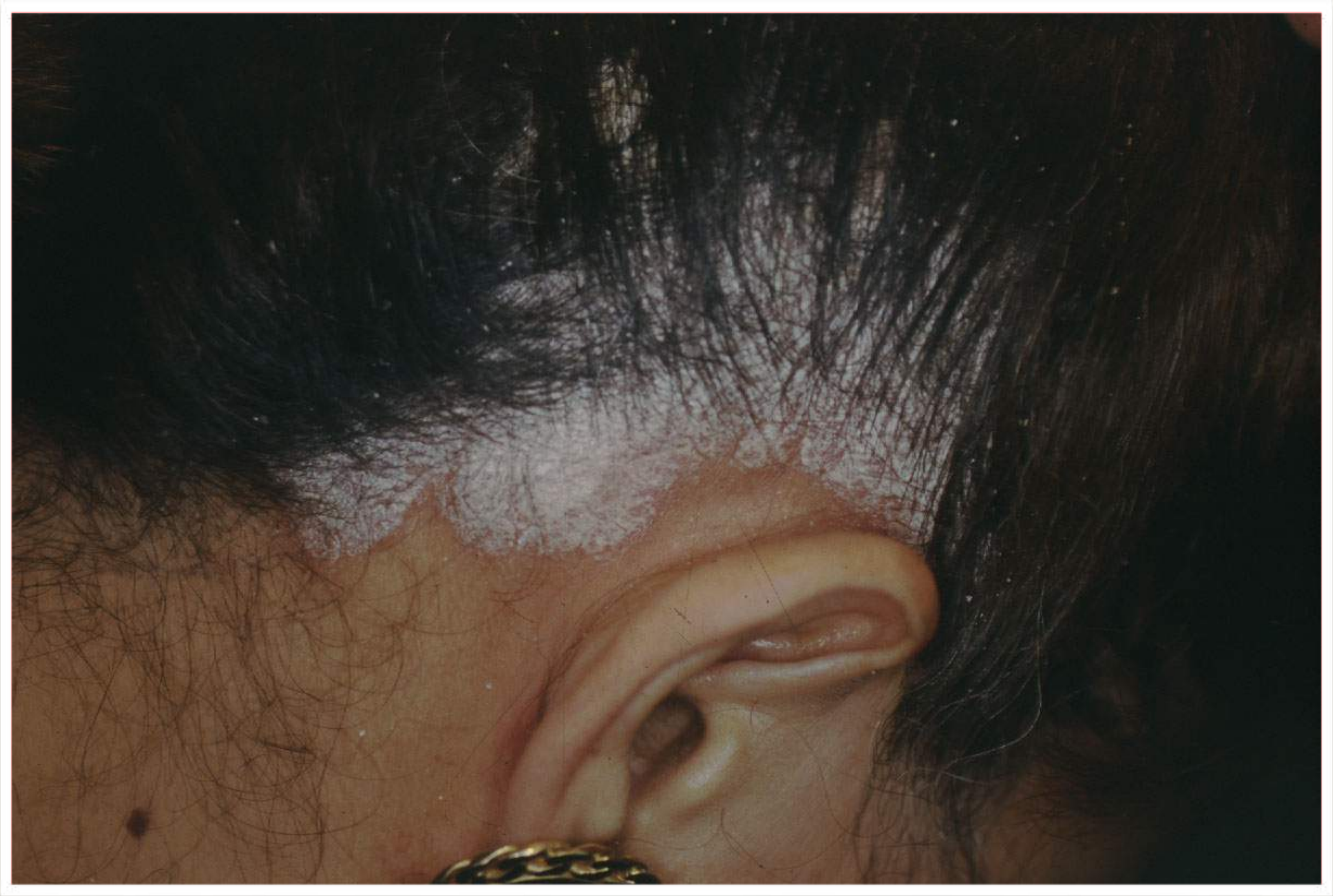


Grattage test.

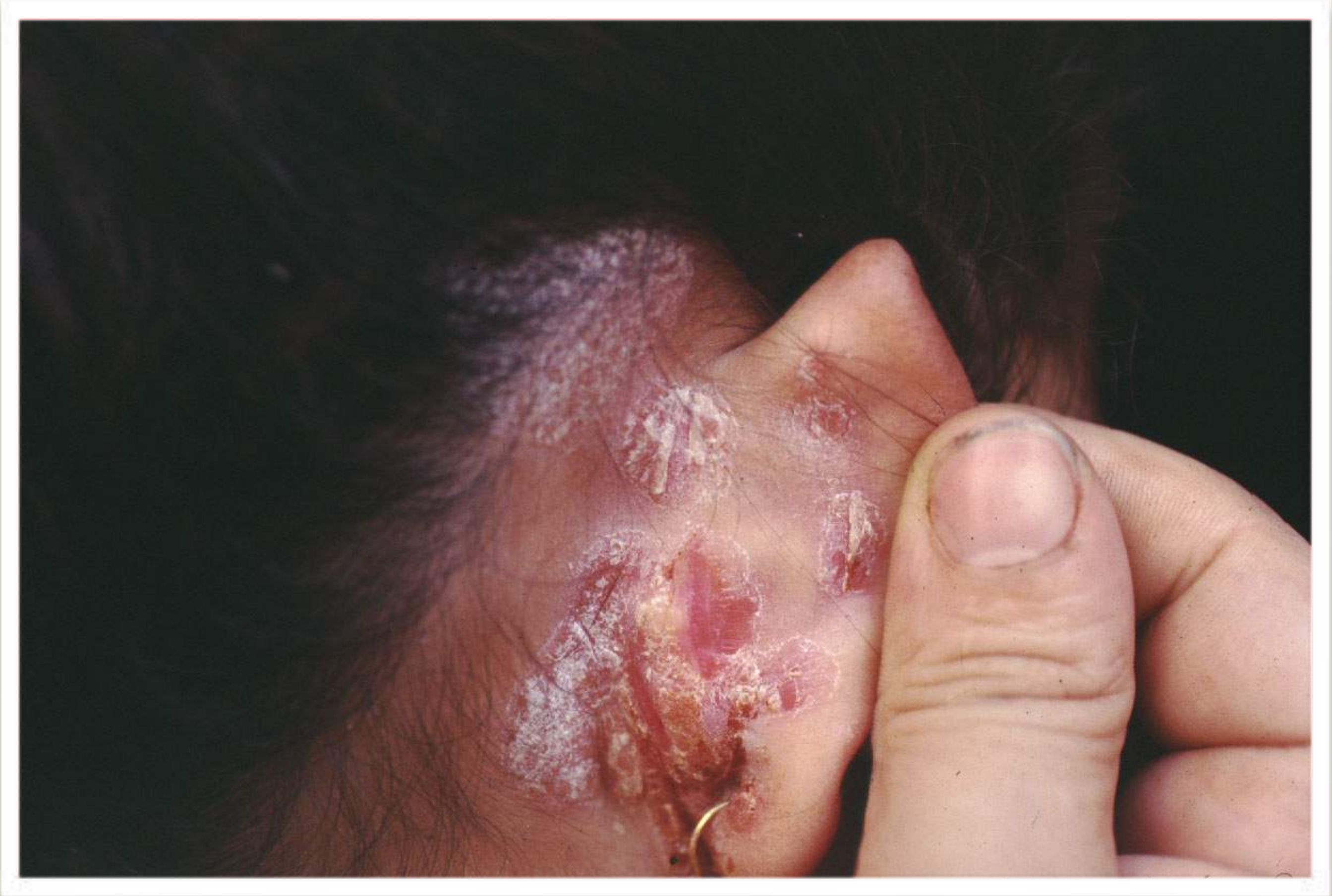
Note: **Grattage test will show the Auspit'z sign.**
Auspit'z sign: **the appearance of small bleeding points after successive layers of scale have been removed from the surface of psoriatic papules or plaques.**

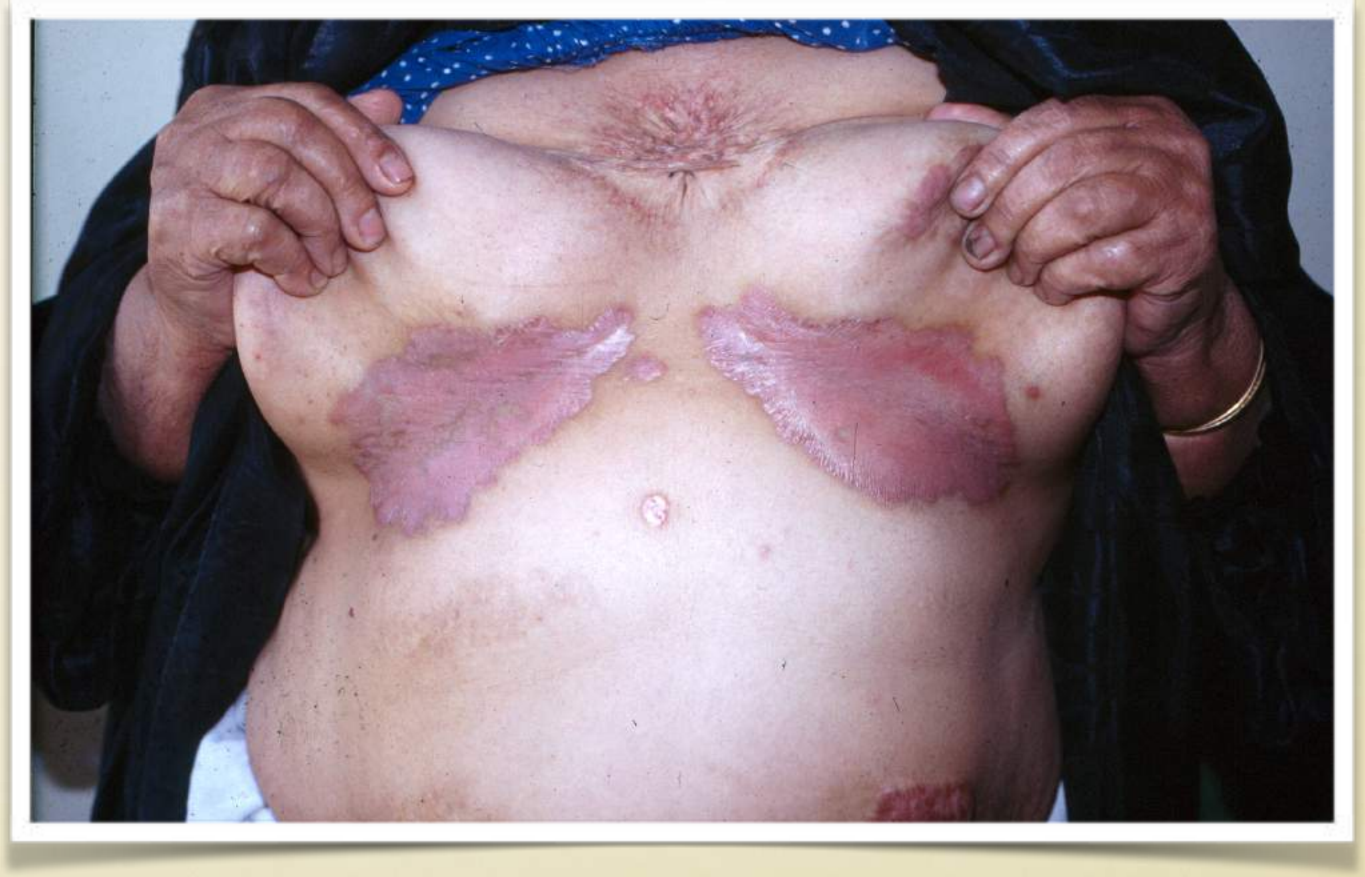


Annular psoriasis.



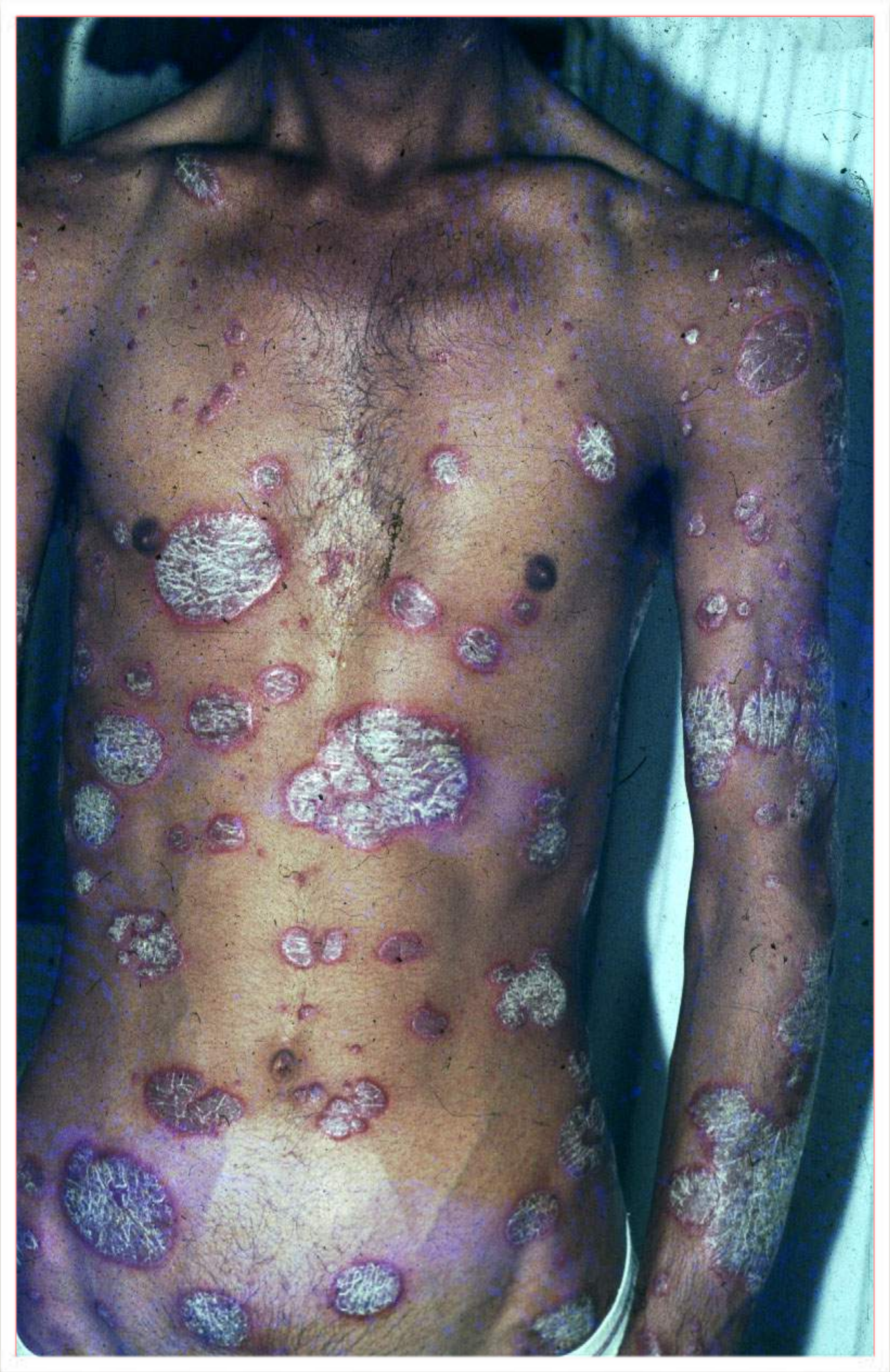
Scalp psoriasis.



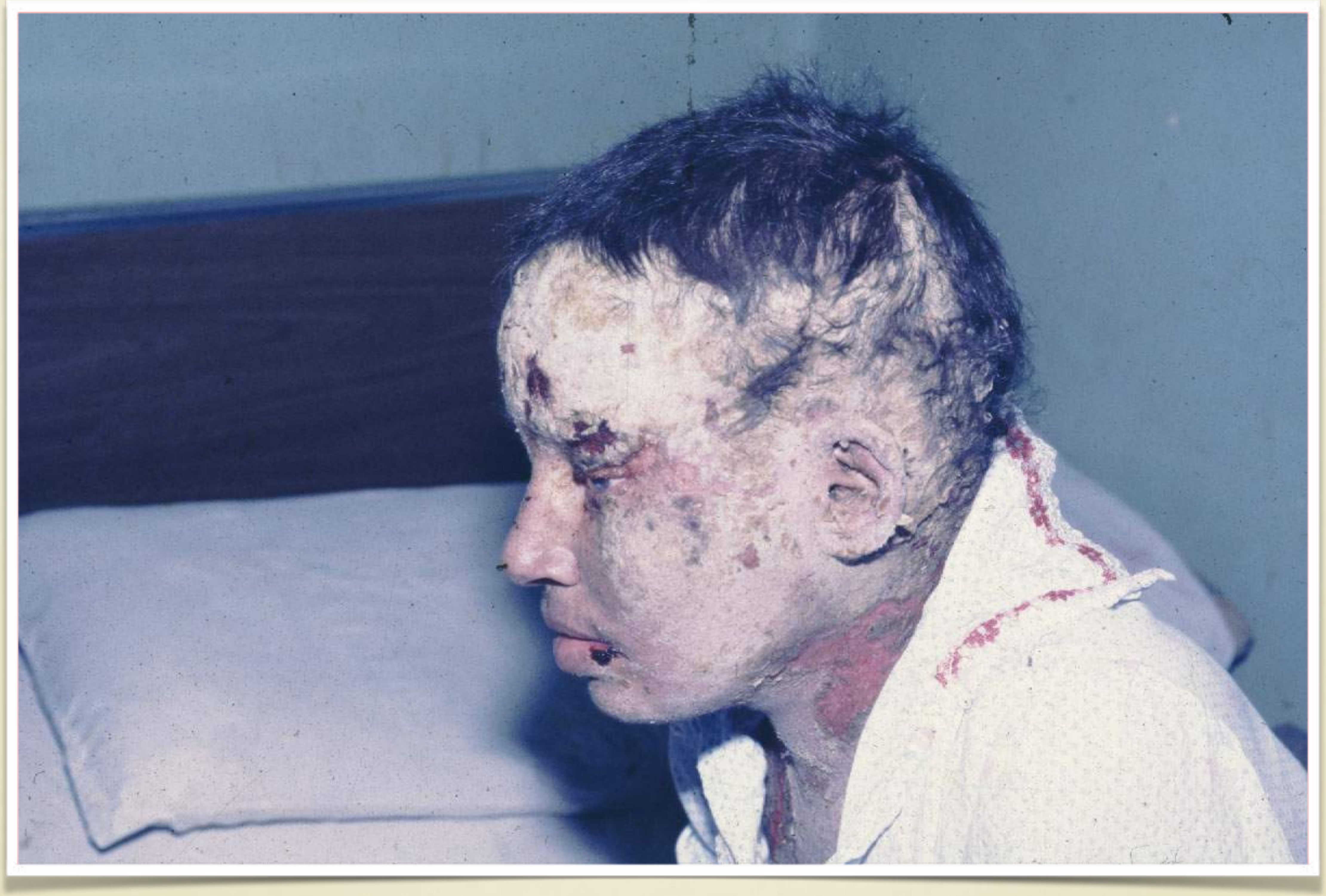


Flexural psoriasis:

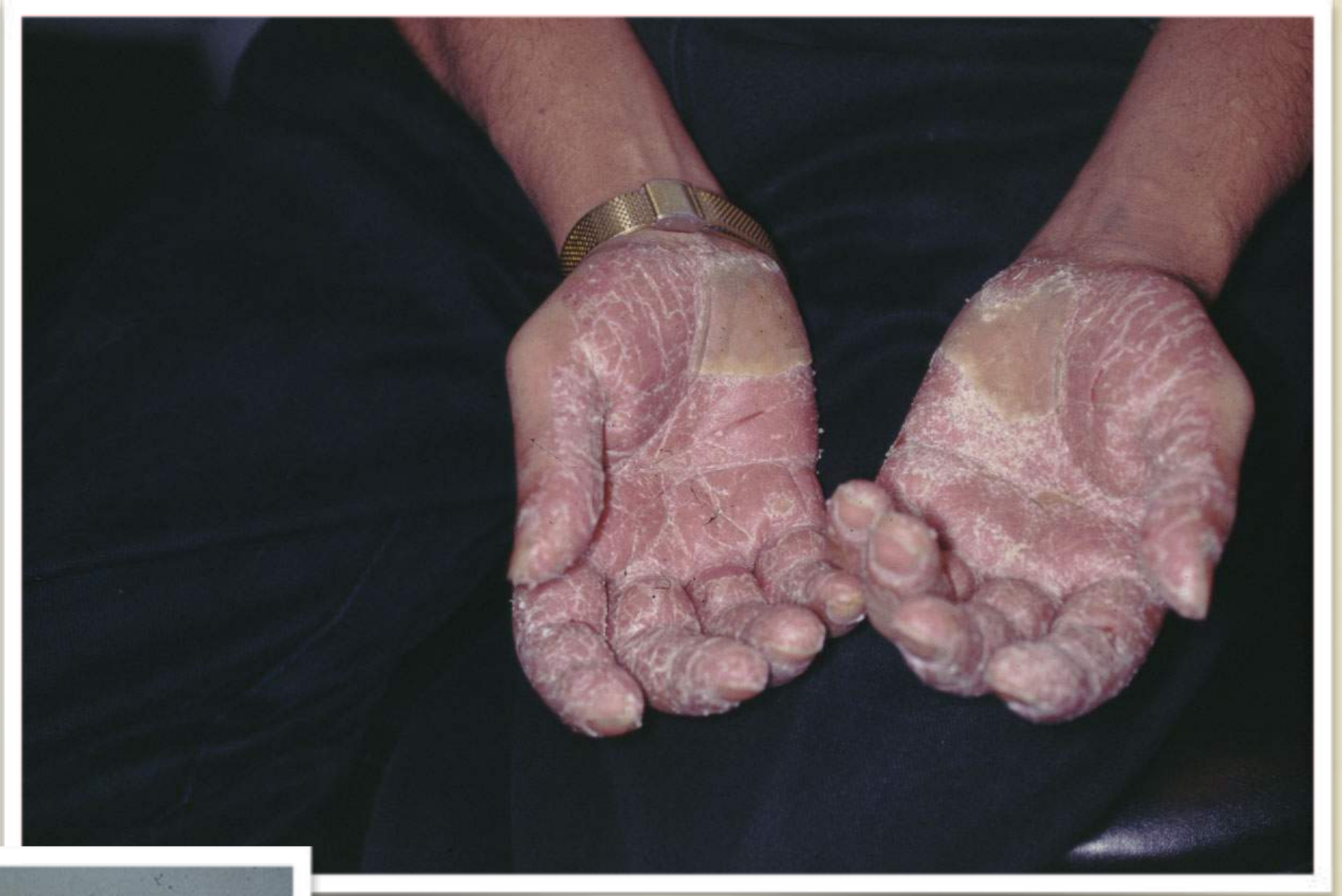
- **Behind the ears.**
- **Under the breast.**

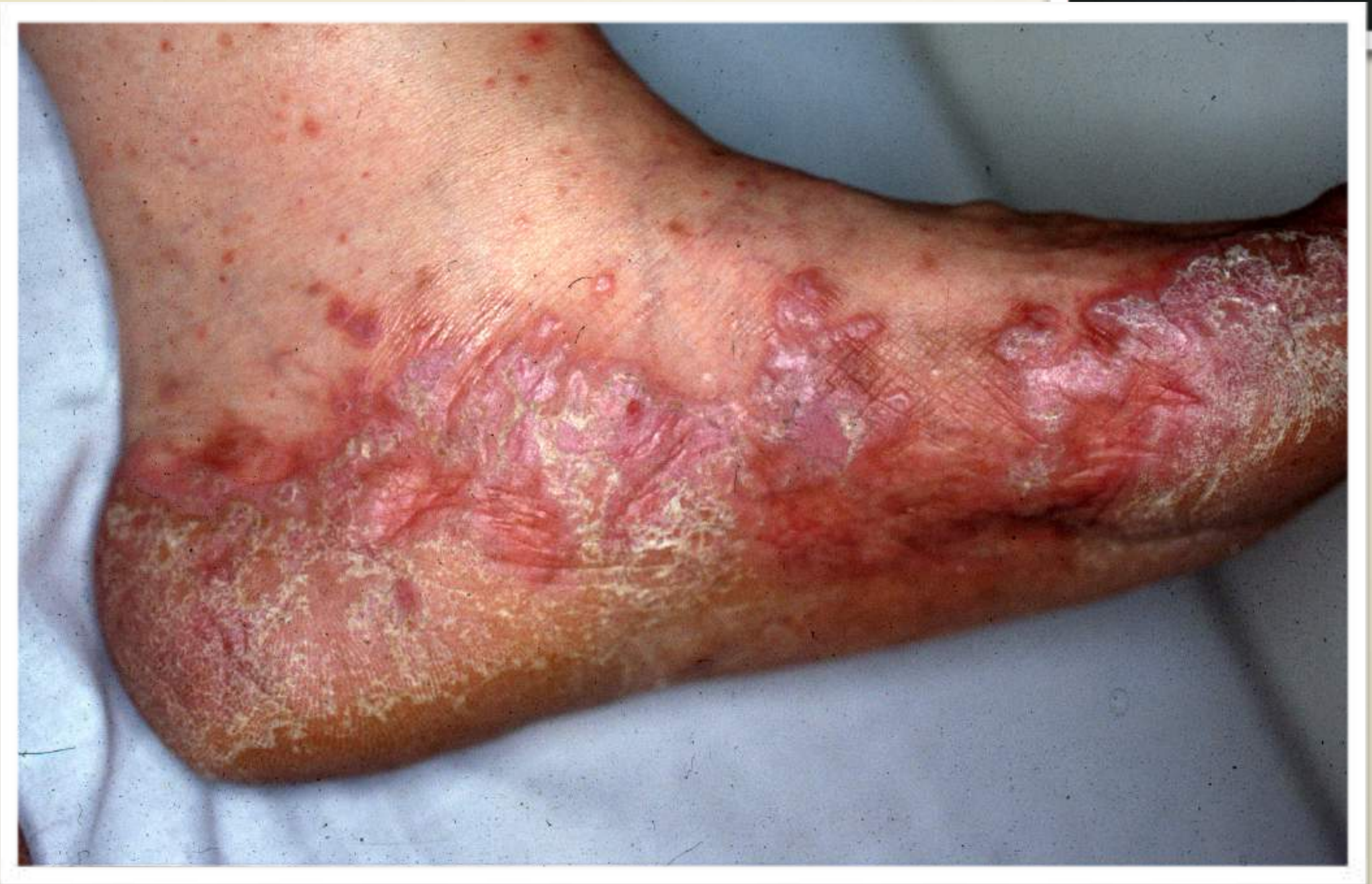


Generalized plaque psoriasis.

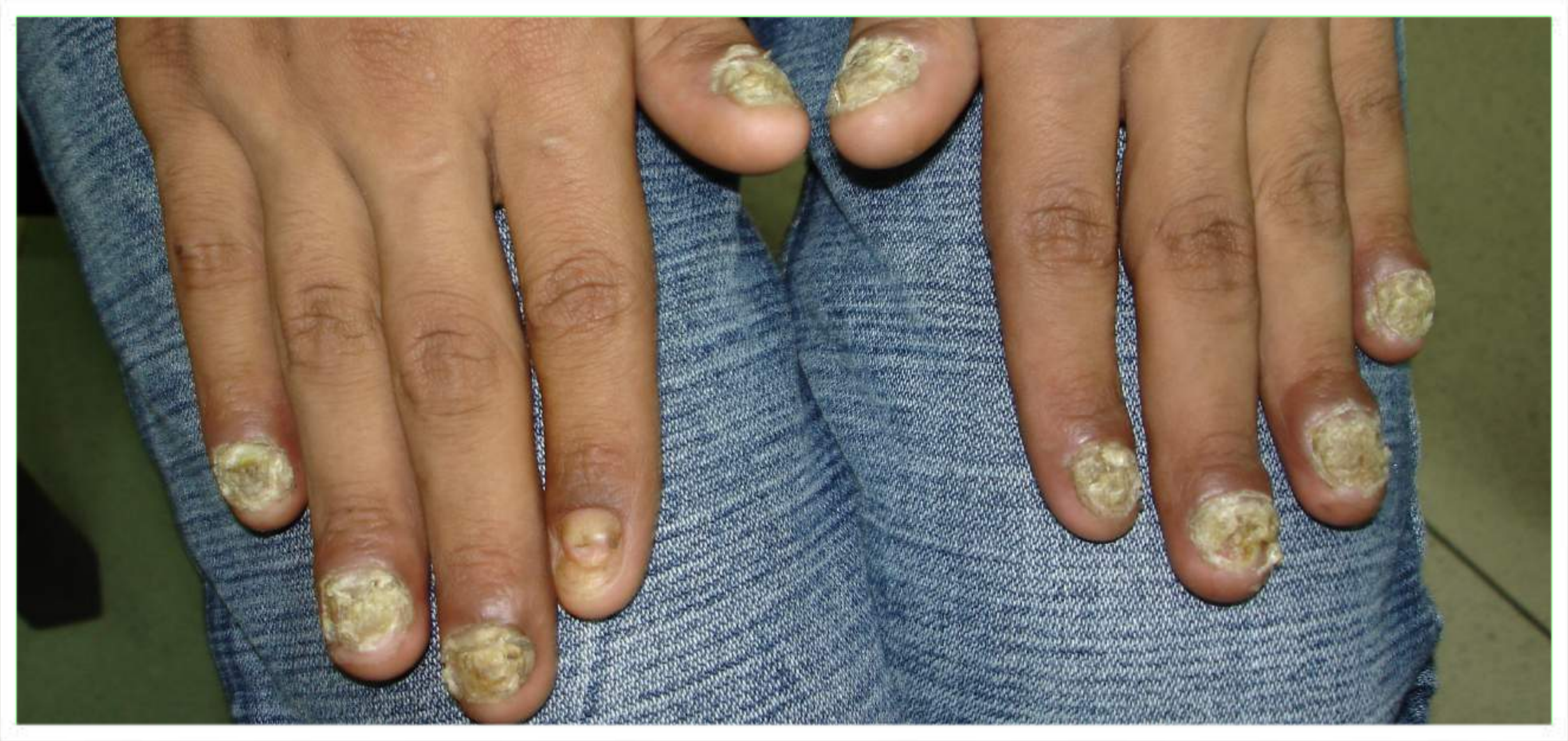


Erythrodermic psoriasis.

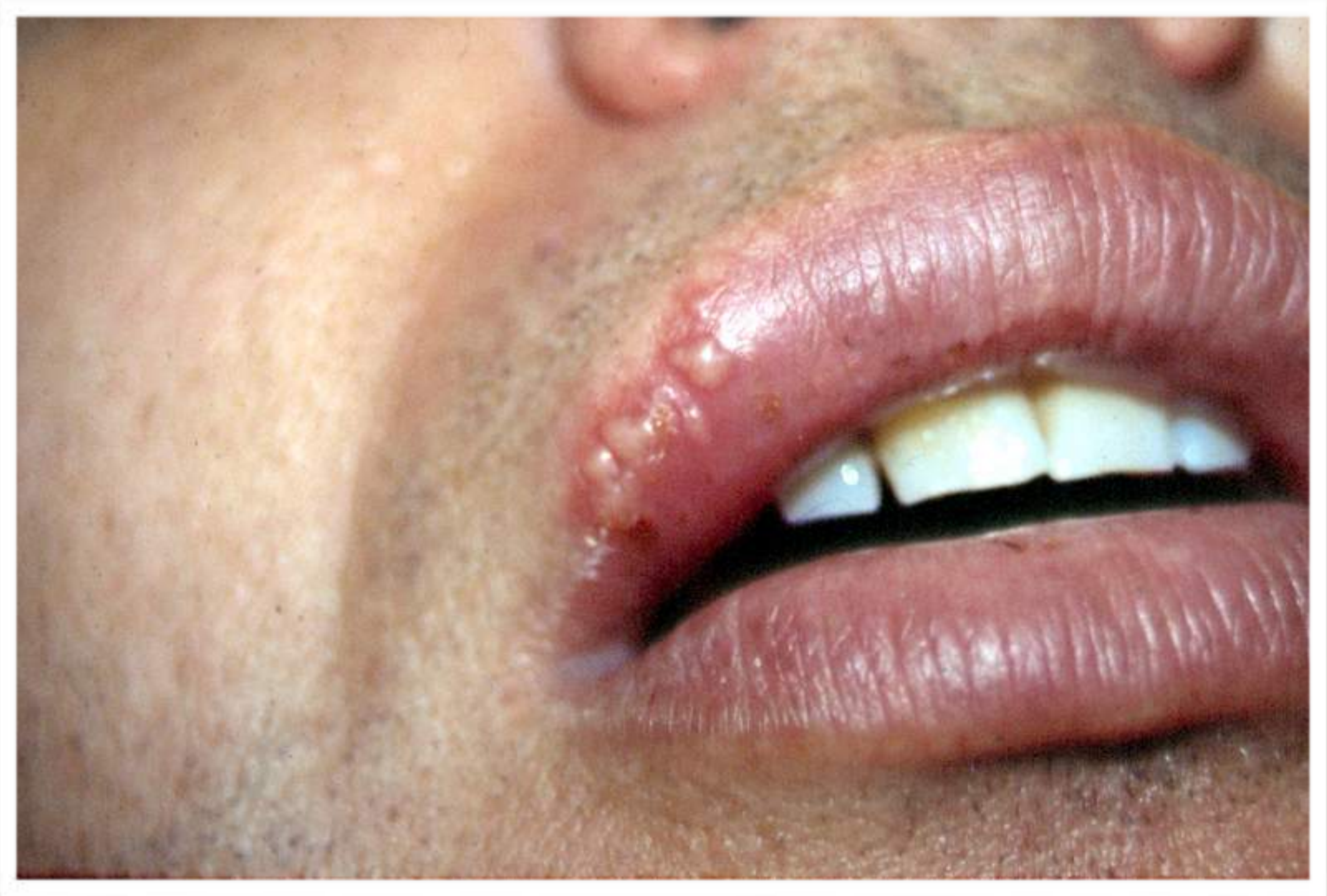


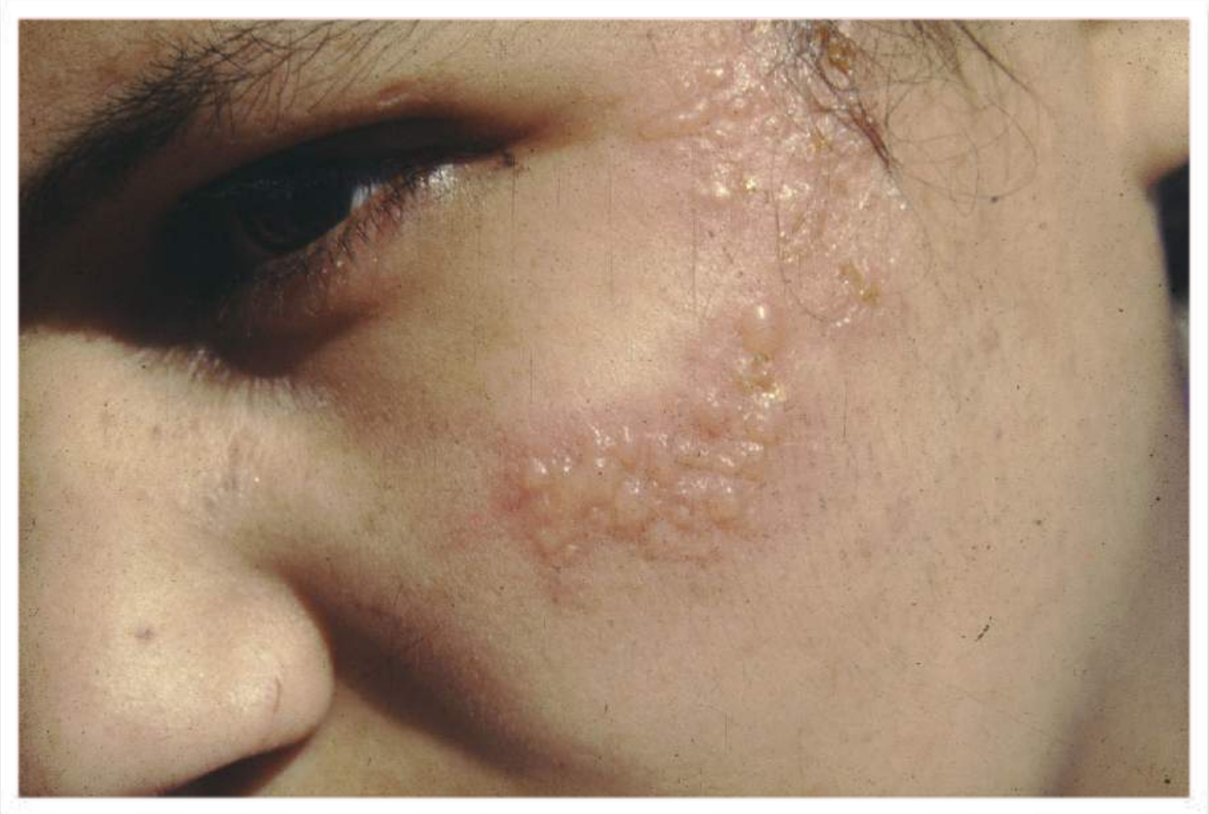


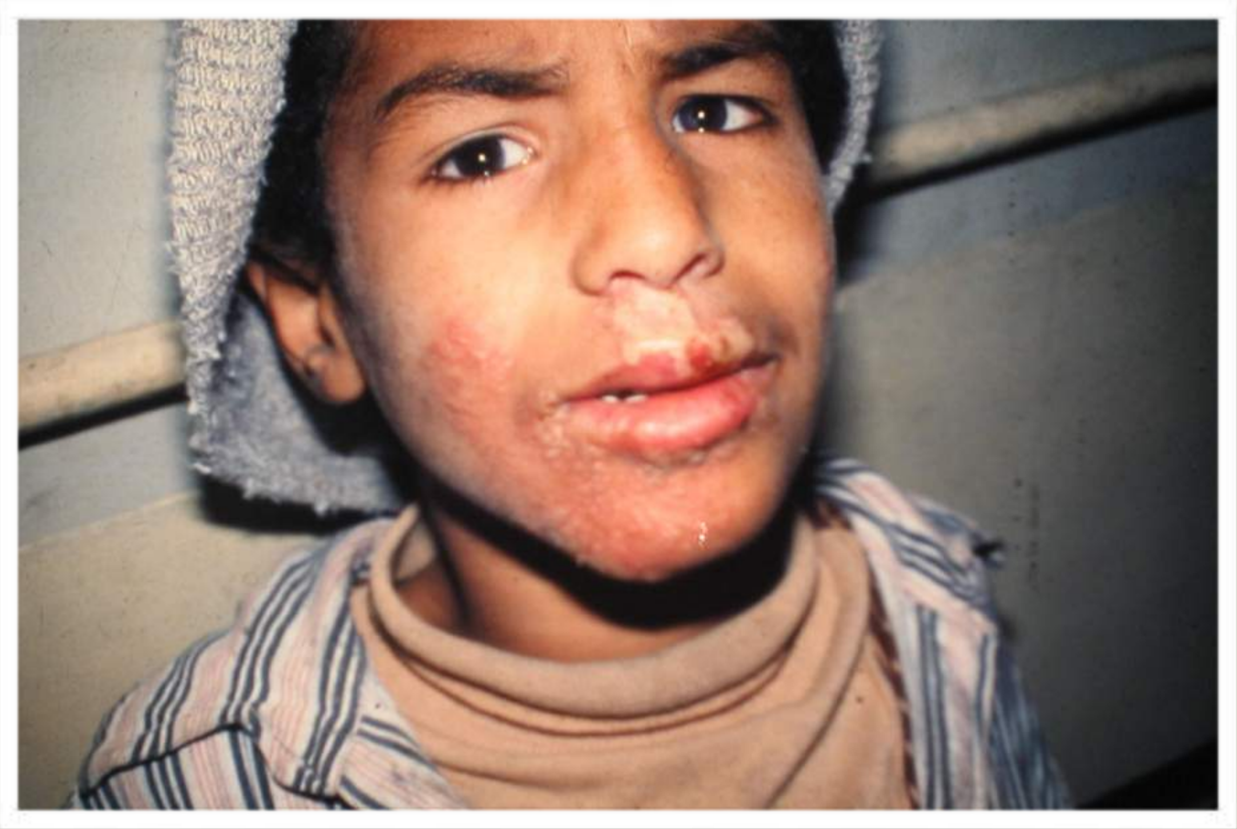
Psoriasis of palms and soles.



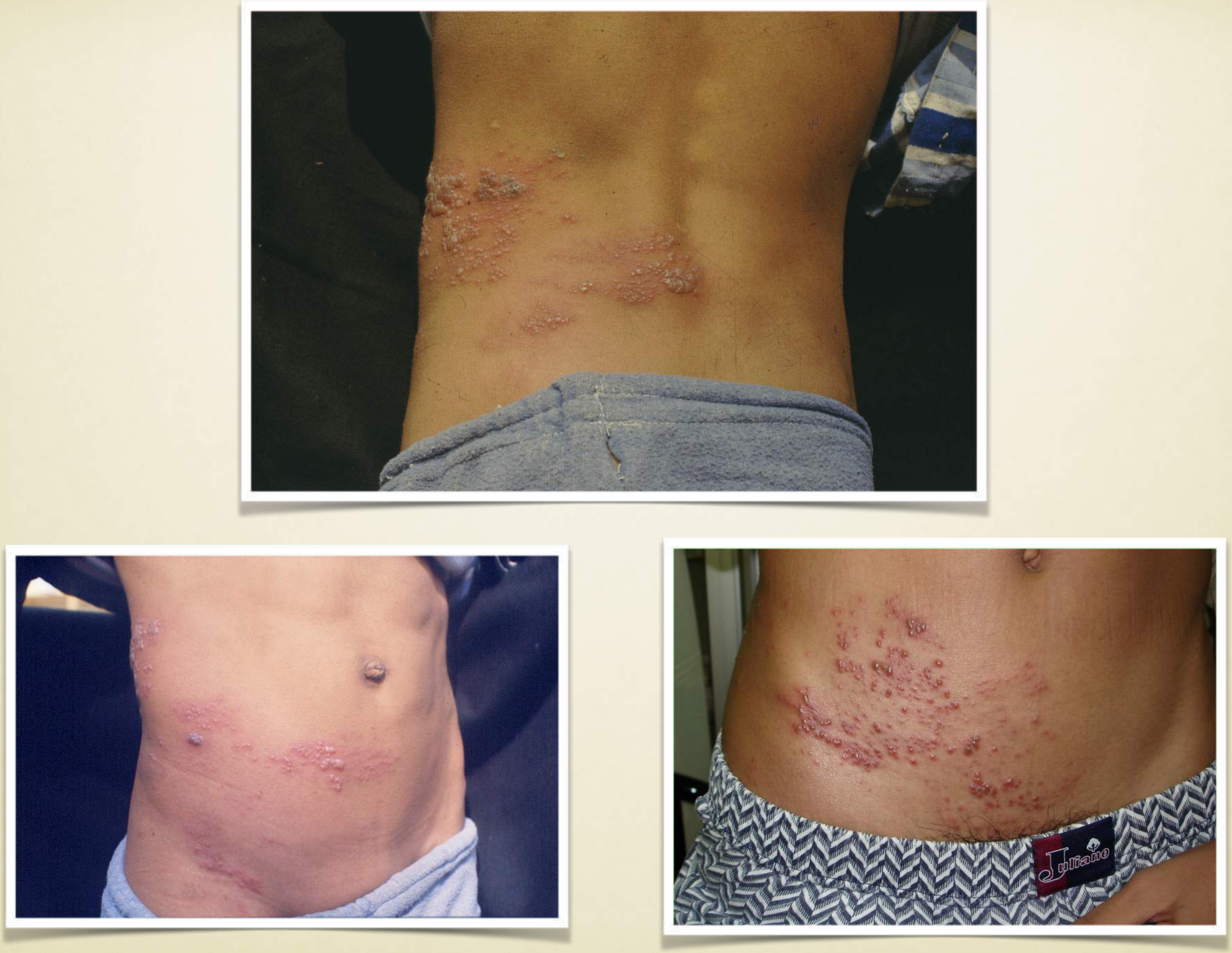
Psoriasis.



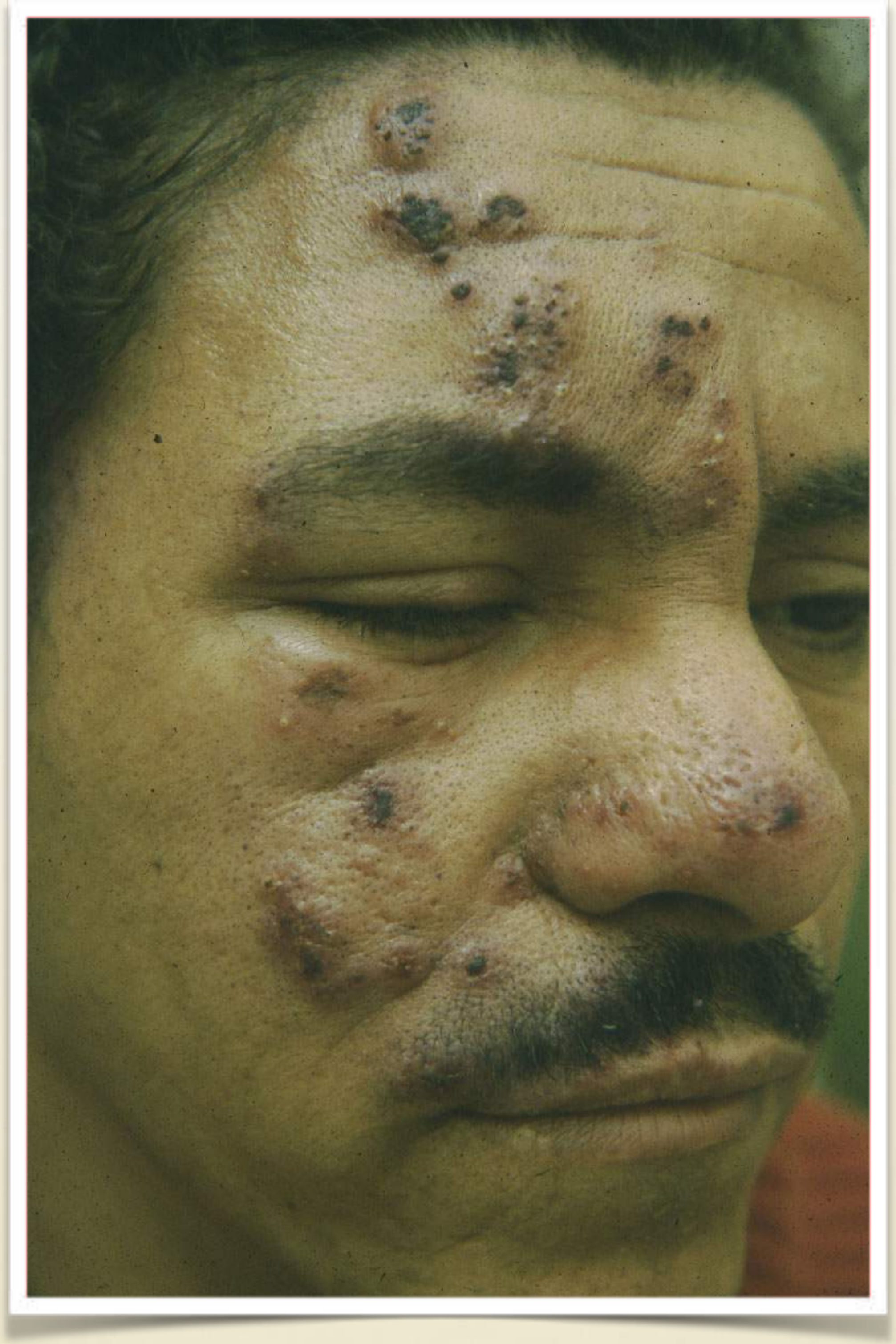




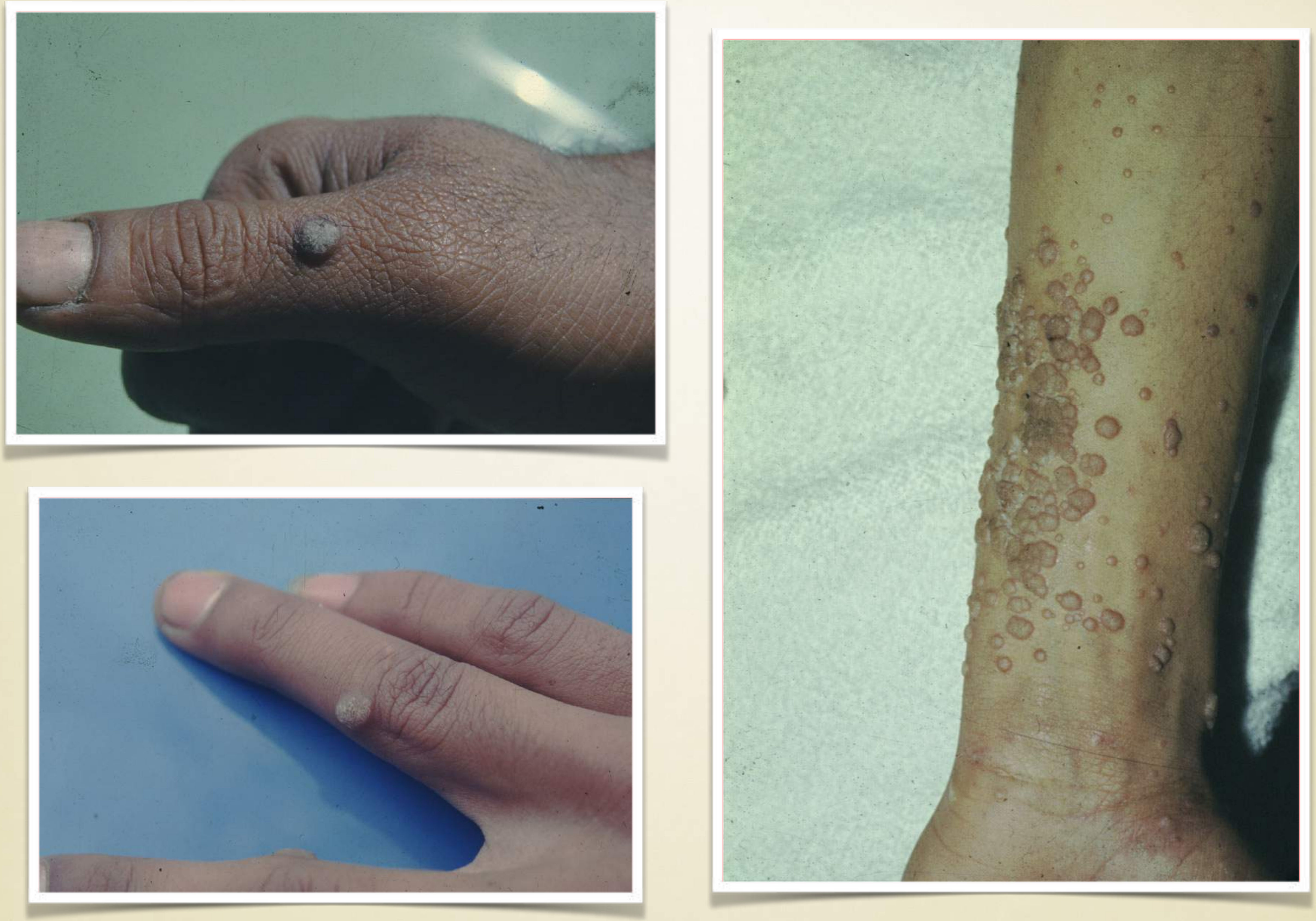
Herpes simplex infection - HSV1 - Herpes facialis.


Juliano

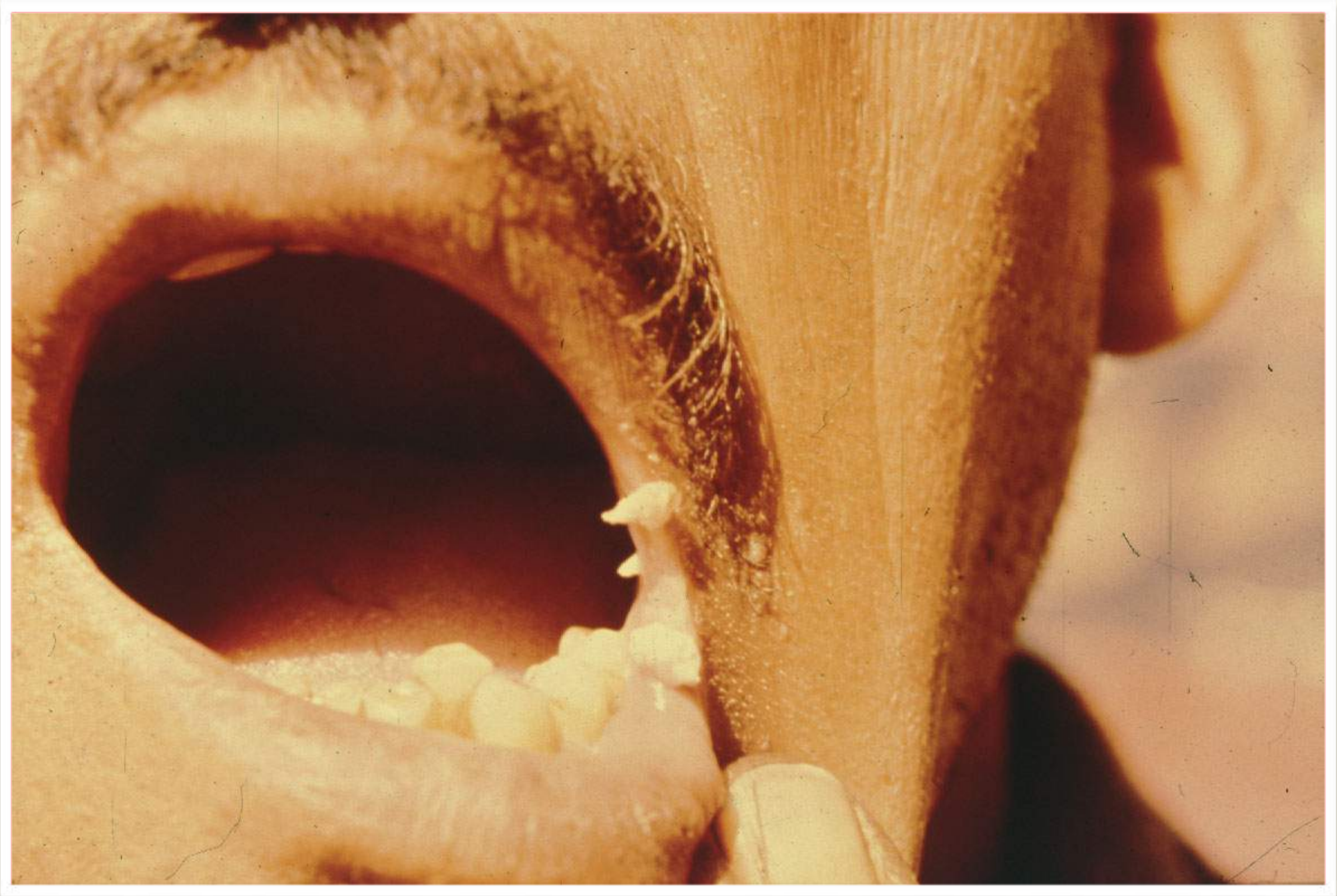
Herpes zoster - VZV.



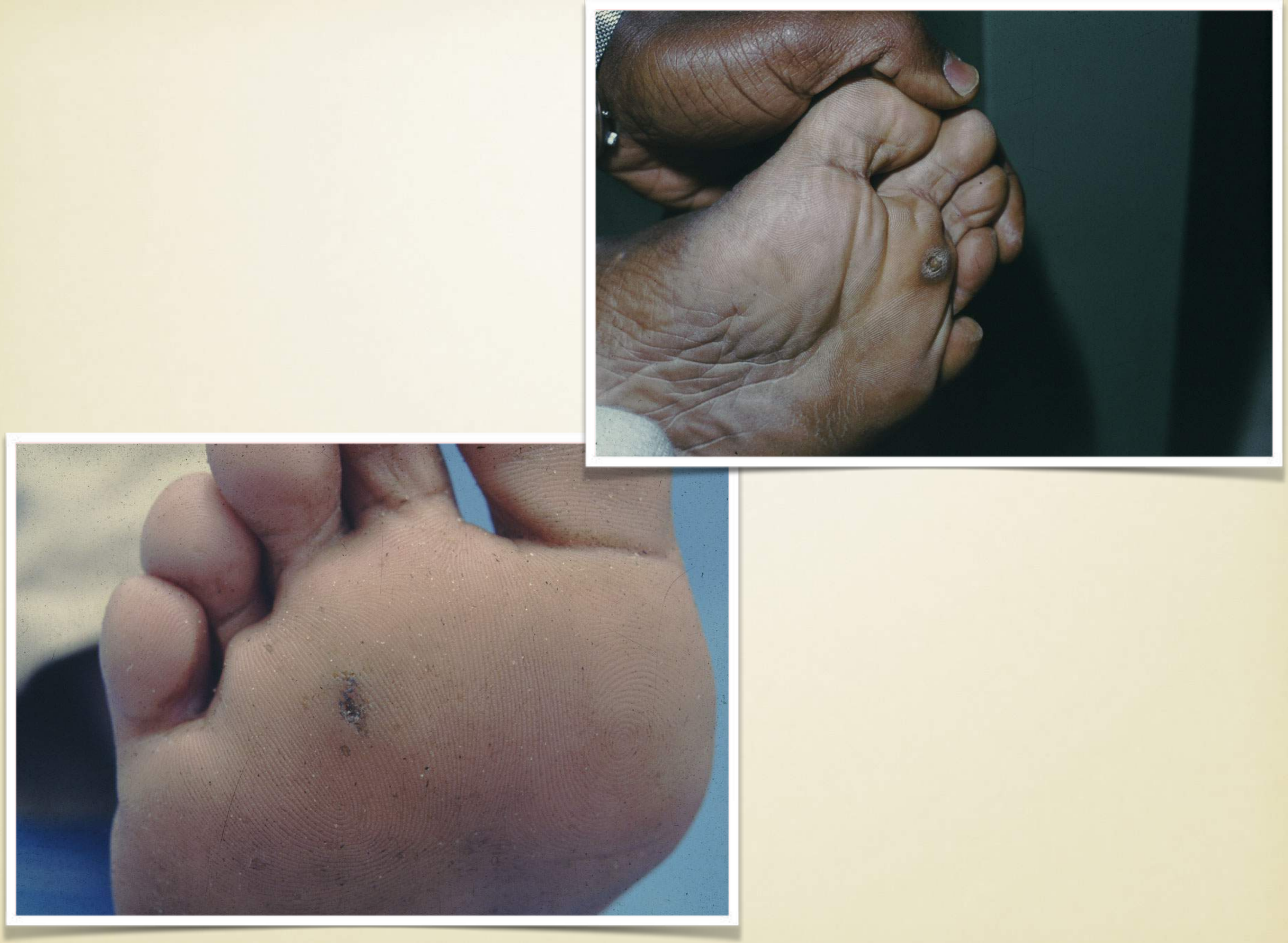
Herpes zoster ophthalmicus.



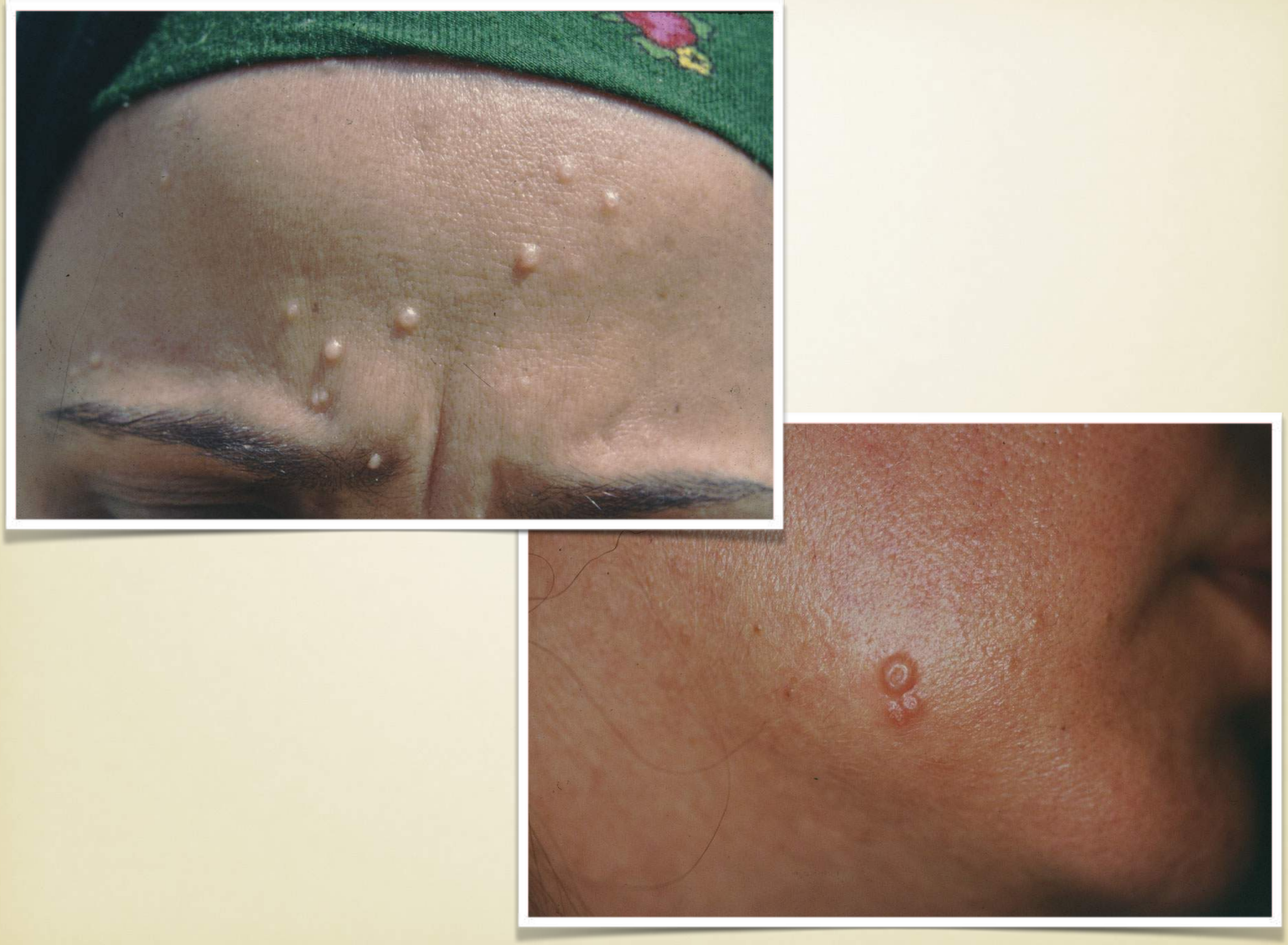
Verrcua (Wart).



Filliform wart.



Plantar wart.



Molluscum contagiosum.